

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
FRANKLIN COUNTY DEMOCRATIC PARTY				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Mike Taylor	Govt Initiative LLC/consult			
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1643 Demret Lane	Refreshments Patio Party	0	7	213 582.50
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Curtis Davis	Inf & Comm./Contractor			
Street Address	Description of Item or Service	M	D	Y Fair Market Value
584 E. Moler St	Phones/Internet & Installation	1	0	0713 2,720.00
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43207	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]