## Page 6

## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Franklin County Democratic Party	- I ,	Designation Number if DAC						
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Ohio Democratic Party Street Address	Descrir	Description of Item or Service			D	Y	Fair Market Value	
	Descrip	Payroll				0 7	1,573.35	
271 E State St	+ - 5	State Zip Code			1 2 1 9 0 7 1,573.35 Received at Fundraising Event?			
City Columbus	o °	H H	43215		YES	u.v	NO	
Full Name of Contributor	Employ	уег, Оссира	vC					
Ohio Democratic Party								
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
271 E State St	l	Accounting			$1 \mid 1$	0 7		
City	5	State Zip Code			Received at Fundraising Event?			
Columbus	0	H	43215		YES		NO	
Full Name of Contributor	Employ	rer, Occupa	ation, Labor Organization *	Registrat	Registration Number, if PAC			
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City	5	State Zip Code			d at Fundi	raising Ev	vent?	
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization * Registration Number, if PAC						
	<del></del>				1 5	1 7	Fair Market Value	
Street Address	Descrip	Description of Item or Service			D	Y		
City	5	State	Zip Code	Received	d at Fund YES	raising Ev	vent?	
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City	+	State	Zip Code	Receive	d at Fund	raising Ev	vent?	
ony	1		1		YES		□no	
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization *			tion Num	iber, if PA	AC	
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City	+	State	Zip Code	Receive	d at Fund	raising E	vent?	
City			2.5		YES		□NO	
Full Name of Contributor	Employ	yer, Occup	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City		State	Zip Code	Receive	d at Fund	Iraising E	vent?	
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City	7	State	Zip Code	Receive	d at Fund	Iraising E	ivent?	

Page Total \$ 1,583.04

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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 also appear. [R.C. 3517.10(B)(4)]