

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paula Brooks Committee			
Full Name of Contributor Franklin County Democratic Party	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 545 E. Town St	Description of Item or Service Media	M: 1 D: 0 Y: 2	Fair Market Value 644.00
City Columbus	State O Zip Code H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Franklin County Democratic Party	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 545 E. Town St	Description of Item or Service Media	M: 1 D: 0 Y: 2	Fair Market Value 2,500.00
City Columbus	State O Zip Code H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Franklin County Democratic Party	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 545 E. Town St	Description of Item or Service Media	M: 1 D: 0 Y: 2	Fair Market Value 163.33
City Columbus	State O Zip Code H 43215	Received at Fundraising Event? <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 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 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 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?	