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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

				endersolder District				
Name of Committee in Full								
Franklin County Democratic Party			15			C		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Ohio Democratic Party					V 2 2 1 . X 7 1			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
340 East Fulton Street	<u>Payroll</u>		0 6 0 4 0 8 1,573.35 Received at Fundraising Event?					
City	State	Zip Code	Received		raising Ev			
Columbus	OH	43215		YES		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		l at Fund YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occu	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		YES	raising Ev	NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				iC			
Street Address	Description of Item or Service		М	D 	Y	Fair Market Value		
City	State	Zip Code		YES	raising E	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	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	lraising E	vent?		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code] YES	Iraising E	NO		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	Iraising E	vent?		

^{*} 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)]