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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			Sitem Zerljebnovića naveno					
Mentel for Council								
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Franklin County Democratic Party								
Street Address	Description of Item or Service		M	D	1 .	Fair Market Value		
271 E State St	Catering		0 4	1 3	1 0	1,420.70		
City	State Zip Code		Received at Fundraising Event?					
Columbus	$O \mid H$	43215	V	YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PAC			
Ohio Democratic Party								
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
340 East Fulton Street	MLK Ad		0 2	1   5	1 0	1,612.50		
City	State Zip Code			Received at Fundraising Event?				
Columbus	_	43215		YES	uibilig Etc	√NO		
Full Name of Contributor	THE RESIDENCE OF THE PROPERTY	pation, Labor Organization *	Davisto		L :CD 4	<del></del>		
i un vaine of Controllor	Employer, Occup	Registration Number, if PAC						
Street Address	75							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received		aising Eve	<del></del>		
				YES		NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received	i at Fundr	aising Eve	ent?		
				YES		NO		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
				j				
City	State	Zip Code	Received	l at Fundr	aising Eve	<u>l</u> -nt?		
	1	2.p c o do		YES	aiong Lv	□NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Tan Hand of Controllor	Employer, Occup	registration Number, if FAC						
Street Address	Description of It	Description of Item or Service		<u> </u>	T 37	In . M. J. W.		
Bucci Address	Description of item of service		M	D	Y	Fair Market Value		
0.4		Total and						
City	State	Zip Code	Received		aising Eve			
				YES		∐ NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received	l at Fundr	aising Eve	ent?		
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Received	l at Fundr	aising Eve	L ent?		
				YES		NO		
						۰٬۰ لیسیا		

Page Total \$ 3,033.20

<sup>\*</sup> 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)]