In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF JOHN O'GRADY								·	
FRIENDS OF JOHN OGRAD I Full Name of Contributor	Employ	er Occun	Registra	Registration Number, if PAC					
Franklin County Democratic Party	Employer, Occupation, Labor Organization *				A TOO MANUAL TURINOVI, II A TAO				
Street Address	Descrip	М	D		Y	Fair Market Value			
271 E State St	Printing			0 8	2	4 () 9	4,126.20	
City	S	Received at Fundraising Event?							
Columbus		☐ YES ☑ NO							
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Franklin County Democratic Party	Description of Item or Service								
Street Address	Descrip	M	D	را ر	Y N o	Fair Market Value			
271 E State St	+	1 2) 9				
COLUMBIC	l _	State	Zip Code 43215	Receive	YES		ing E	Vent ⁷ NO	
COLUMBUS	0	H	43213 ation, Labor Organization *	Pagratus			f D		
Full Name of Contributor	Employ	Registration Number, if PAC							
Street Address	Description of Item or Service			М	D		Y	Fair Market Value	
<u></u>	L								
City	S	State	Zıp Code	Receive			ing E		
					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	
	 		15 0 1	Receive					
City	1 *	State	Zip Code	Receive	YES		sing E	NO NO	
Full Name of Contributor	Employ	Registration Number, if PAC							
run Manie of Conditionor	Linploy	Negarianon (vanios), a 1110							
Street Address	Descrip	М	D		Y	Fair Market Value			
<u></u>									
City	S	State	Zıp Code	Receive	_		sing E		
			ation, Labor Organization *		YES			NO	
Full Name of Contributor	Employ	Registration Number, if PAC							
Street Address	Description of Item or Service			М	D		Y	Fair Market Value	
							1	<u></u>	
City	S	State	Zıp Code	Receive	d at F	undrai	ing E	ivent?	
<u></u>					YES			∐NO	
Full Name of Contributor	Employ	Registration Number, if PAC							
Street Address	Descrip	M	D		Y	Fair Market Value			
City	- S	State	Zip Code	Receive	~		sing E		
	Employer, Occupation, Labor Organization *			YES NO					
Full Name of Contributor	Employ	Registration Number, if PAC							
Street Address	Descrip	M	D		Y 	Fair Market Value			
City	2	State	Zıp Code	Receive	d at F	undrai	sing E	Event?	
		<u> </u>] YES			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)]