CONTRACTOR OF CO	-
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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

					032100000000000000000000000000000000000		
Name of Committee in Full							
Franklin County Democratic Party			nolonimanimanim			73	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Numb			Jumber, if PAC			
Ohio Democratic Party	***************************************						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
340 East Fulton Street	Office Space		0 5	0 1		1,400.00	
City	State	Zip Code	Receive		raising Ev		
Columbus	$O \mid H$	43215		YES		✓NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	.C	
Ohio Democratic Party							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
340 East Fulton Street	Office Space		0 6	0 1	0 9	1,400.00	
City	State	Zip Code	Receive	Received at Fundraising Event?			
Columbus	ОН	43215		YES		✓ NO	
Full Name of Contributor	Employer, Occur	oation, Labor Organization *	Registra	Registration Number, if PAC			
tur Pane of Controllor		,					
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
Stitet Authos						No.	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
City				YES	_	NO	
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Registra	tion Nur	ber, if P/	\C	
Full Name of Controllor	Limpioyer, cood	outon, moor organisation					
	Description of Item or Service			T D	Ту	Fair Market Value	
Street Address	Description of Rem of Service		M	-			
	State	Zip Code	Receive	d at Fund	raising E	lent?	
City	State	Zip Code		YES		No	
	Employer Coop	pation, Labor Organization *	Registra		ber, if P/		
Full Name of Contributor	Employer, Occu	Sation, Labor Organization	T C GISTI		,		
	Description of Item or Service		M	D	Ту	Fair Market Value	
Street Address	Description of it	on or service					
	State	Zip Code	Receive	d at Func	Iraising E	vent?	
City	State	Zap Code	The court	YES	пшынь х	NO	
		pation, Labor Organization *	Registration Number, if PAC				
Full Name of Contributor	Employer, Occu	pation, Lauor Organization	m * Registration Number, ii FAC				
	Description of Item or Service		 м	T D	ΤΥ	Fair Market Value	
Street Address	Description of it	em or Service	147			an maket valee	
		FT' C. 1.	Danin	d of Fund	Iraising E	Lant?	
City	State	Zip Code	Receive	YES	naising i	NO	
					annonnementalis	CONTRACTOR OF CO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			ation Nur	nber, if P	AC	
					7		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
			Received at Fundraising Event?				
City	State	Zip Code	Receive		draising E		
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registr	Registration Number, if PAC			
			and the same				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
	NAME OF TAXABLE PARTY O						
City	State	Zip Code	Receiv		draising F		
	BO000000000000000000000000000000000000			YES		NO	

Page Total \$ 2,800.00

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]