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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

NCOiniPaul							
Name of Committee in Full Franklin County Democratic Party							
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Ohio Democratic Party	Employer, Occupation, Labor Organization *		Registration Number, it PAC				
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value	
340 E. Fulton St.	Office Space		$\begin{vmatrix} n \\ 1 \end{vmatrix} 1$		0 9		
City	State Zip Code		Received at Fundraising Event?				
Columbus	O H 43215			☐ YES ☑ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Marc Fortney							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
504 Park St.	Rental & Event Service		1 0	2 8	0 9	1,175.00	
City	State Zip Code			Received at Fundraising Event?			
Columbus	$O \mid H$	43215	✓	YES		NO	
Full Name of Contributor	Employer, Occup	er, Occupation, Labor Organization * Registration Number, if PAC				AC	
Eric Fortney							
Street Address	Description of Item or Service		M D Y Fair Market Value 1 0 2 8 0 9 1,175.00				
504 Park St.	Rental & Event Service				0 9		
City	State Zip Code			Received at Fundraising Event?			
Columbus	O H	43215		YES		NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Nur	ber, if PA	AC	
Ohio Democratic Party Street Address	D : :: CY:		+,_		1 77	In the second	
340 E. Fulton St.	Description of Item or Service		M	D	Y	Fair Market Value	
City	Office Space		1 2 0 1 0 9 1,400.00 Received at Fundraising Event?				
Columbus	State H	Zip Code 43215	Receive	o at runo YES	raising E	vent?	
Full Name of Contributor		pation, Labor Organization *	Pagietro	tion Num	hor if D		
an rund or sommonor	Employer, Occup	pation, Labor Organization	Registra	don rum	oci, n r		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	1						
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES	Ū	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	raising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Num	ber, if PA	AC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E		
E.H.V			YES NO Registration Number, if PAC				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Num	ber, if PA	AC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
			"		Î	an mance value	
City	State	Zip Code	Receive	d at Fund	raising Fy	vent?	
		-		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)]