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R	C	3517	10

In-Kind Contributions Received

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Page	

Prescribed by Secretary of State 2/01

		 					
Name of Committee in Full							
Friends of O'Grady Committee							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Ohio Democratic Party							
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
340 East Fulton Street	Production Costs		0 2 1 1 0 8 21,992.16				
City	State Zip Code		Received at Fundraising Event?				
Columbus	ОН	43215		YES		✓NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Ohio Democratic Party							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
340 East Fulton Street	Postage		0 2	0.8	0.8	8,420.00	
	State	Zip Code		d at Fundi			
Colored lates	OH	43215		YES		NO	
Columbus				Registration Number, if PAC			
Full Name of Contributor	Employer, Occupation, Labor Organization *			registration runnoer, it i AC			
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
				<u> </u>		<u> </u>	
City	State	Zip Code	Receive	d at Fund	raising Ev		
		<u> </u>		YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
				1			
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?	
				YES		∐NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
	Chi Chi		H _M	D	ΙΥ	Fair Market Value	
Street Address	Description of Item or Service		l M		1	Tan Market Value	
		let a i		1	1	1	
City	State	Zip Code	Receive	d at Fund	iraising E	F	
			YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	ΤΥ	Fair Market Value	
Silect Addiess			"	1			
C:	State	Zip Code	Receive	ed at Fund	Iraising E	Vent ⁹	
City	State	Zip Code	I KCCCIV	YES	naising D	NO	
	Employer, Occupation, Labor Organization *						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
Bitet Address				1			
Cin.	State Zip Code		Received at Fundraising Event? YES NO				
City							
Full Name of Contributor	Employer, Occupation, Labor Organization *			ation Nun	nber, if Pa	AC	
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value	
				<u> </u>	<u> 1 </u>		
City	State	Zip Code	Receiv	ed at Fund	draising E	_	
ì		1	1 L	YES		L_]NO	

Page Total \$ 30,412.16

^{*} 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)]