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|------|---|

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full         |   |                             |  |  |            |                   |  |  |
|-----------------------------------|---|-----------------------------|--|--|------------|-------------------|--|--|
| FRIENDS OF JOHN O'GRADY           |   |                             |  |  |            |                   |  |  |
| Full Name of Contributor          | Employer, Occupation, Labor Organization *  |                             |  | Registration Number, if PAC            |            |                   |  |  |
| DANIEL J TARPY                    | The single of the same of the |                             |  | D                                      | Y          | Fair Market Value |  |  |
| Street Address                    | Description of Item or Service 2 CASES OF WINE-10/21FR  |                             |  | 2-0                                    | 0:8        | 130.00            |  |  |
| 4306 MUMFORD DR                   | State Zip Code  |                             |  | Lat Funda                              | aising Ev  |                   |  |  |
| COLUMBIC                          | H   | 43220                       |  | YES                                    | arome Lv   | □no               |  |  |
| COLUMBUS Full Name of Contributor | Employer, Occupation, Labor Organization *  |                             |  | Registration Number, if PAC            |            |                   |  |  |
| Pun Name of Controdor             | Employer, Occup   |                             |  |  |            |                   |  |  |
| Street Address                    | Description of Item or Service  |                             | М                                      | D                                      | Y          | Fair Market Value |  |  |
| City                              | State   | State Zip Code              |  | Received at Fundraising Event?  YES NO |            |                   |  |  |
| Full Name of Contributor          | Employer, Occup   | Registration Number. if PAC |  |  |            |                   |  |  |
| Street Address                    | Description of Item or Service  |                             | М                                      | D                                      | Y          | Fair Market Value |  |  |
| City                              | State   | Zip Code                    | Received                               | d at Fundi                             | raising Ev | rent?             |  |  |
|                                   |   |                             |  | 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 |  |  |
| City                              | State   | Zip Code                    | Receive                                | d at Fund<br>YES                       | raising Ev | rent?             |  |  |
| 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 |  |  |
| City                              | State   | Zip Code                    | Receive                                | 3                                      | raising Ev |                   |  |  |
|                                   |   |                             |  | YESNO                                  |            |                   |  |  |
| Full Name of Contributor          | Employer, Occupation, Labor Organization *  |                             |  | Registration Number, if PAC            |            |                   |  |  |
| Street Address                    | Description of Item or Service  |                             | М                                      | D                                      | Ϋ́         | Fair Market Value |  |  |
| City                              | State   | Zip Code                    | Received at Fundraising Event?  YES NO |  |            |                   |  |  |
| Full Name of Contributor          | Employer, Occupation. Labor Organization *  |                             |  | Registration Number, if PAC            |            |                   |  |  |
| Street Address                    | Description of Item or Service  |                             | М                                      | đ                                      | Y          | Fair Market Value |  |  |
| City                              | State Zip Code  |                             | Received at Fundraising Event?  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 |  |  |
| City                              | State   | Zip Code                    | Receive                                | d at Fund<br>YES                       | raising E  | vent?             |  |  |

Page Total \$ 130.00

<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)]