

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 DANIEL J TARPY | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address 4306 MUMFORD DR | Description of Item or Service 2 CASES OF WINE-10/21FR | M 1 | D 0 | Y 2 |
| City COLUMBUS | State O | Zip Code H 43220 | Fair Market Value 130.00 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address | Description of Item or Service | M | D | Y |
| City | State | Zip Code | Fair Market Value | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address | Description of Item or Service | M | D | Y |
| City | State | Zip Code | Fair Market Value | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address | Description of Item or Service | M | D | Y |
| City | State | Zip Code | Fair Market Value | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address | Description of Item or Service | M | D | Y |
| City | State | Zip Code | Fair Market Value | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address | Description of Item or Service | M | D | Y |
| City | State | Zip Code | Fair Market Value | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | | |
| Street Address | Description of Item or Service | M | D | Y |
| City | State | Zip Code | Fair Market Value | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]