Page

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Paley for Columbus							
			In. ·	41 31	l 'CT +	C	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Ohio Democratic Party				1		In . No I are s	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
340 East Fulton Street	Research Consultant		0 3 0 3 0 9 500.00 Received at Fundraising Event?				
City	State	Zip Code	Receive		raising Ev		
Columbus	OH	43215		YES		✓ NO	
Full Name of Contributor	Employer, Occu	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 YES	raising E	vent?	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization * Registration Number, if PAC				AC	
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occu	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 Func	lraising E	vent?	
		•		YES		NO	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	vent?	
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	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occi	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	ed at Fund YES	Iraising E	vent?	

^{*} 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)]