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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Franklin County Democratic F	Partv			
Full Name of Contributor	Employer, Occupation, Labor Organiza	ation * Registration Number, if PAC		
Mark Dempsey	Dempseys Restaur			
Street Address	Description of Item or Service	M D Y Fair Market Value		
346 S. High St	Gift Cards	0 6 2 2 1 8 180.00		
City	State Zip Code	Received at Fundraising Event?		
Columbus	O H 43215	5 YES NO		
Full Name of Contributor	Employer, Occupation, Labor Organiz	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	Received at Fundraising Event? YES NO		
Full Name of Contributor	Employer, Occupation, Labor Organiz	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	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	M D Y Fair Market Value		
City	State Zip Code	Received at Fundraising Event? YES NO		
Full Name of Contributor	Employer, Occupation, Labor Organiz	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	Received at Fundraising Event? YES NO		
Full Name of Contributor	Employer, Occupation, Labor Organiz	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	Received at Fundraising Event? YES NO		
Full Name of Contributor	Employer, Occupation, Labor Organiz	ration * Registration Number, if PAC		
Street Address	Description of Item or Service	M D Y Fair Market Value		
City	State Zip Code	Received at Fundraising Event? YES NO		
Full Name of Contributor	Employer, Occupation, Labor Organiz	ration * Registration Number, if PAC		
Street Address	Description of Item or Service	M D Y Fair Market Value		
City	State Zip Code	Received at Fundraising Event? YES NO		

Page Total \$	180.00
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^{*} 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)]