31-	J-1
R.C.	3517.10

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## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

					Della management	H.		
Name of Committee in Full								
Friends of Dr Jan Gorniak				***************************************				
t un i tume of continuents	Employer, Occupa	Registration Number, if PAC						
Ohio Democratic Party			Ļ					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
340 East Fulton Street	Phone Calls		1   1   1   1   0   8   2,283.36					
City	State Zip Code			Received at Fundraising Event?				
Columbus	$O \mid H \mid$	43215		YES		✓NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
and the control of th								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Received	l at Fund	raising Ev	/ent?		
				YES		NO		
Full Name of Contributor	Employer, Occupa	tion, Labor Organization *	Registration Number, if PAC					
· · · · · · · · · · · · · · · · · · ·								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
Street Address								
City	State	Zip Code	Received	at Fund	raising E	vent?		
City				YES		□NO		
Full Name of Contributor	Employer Occups	ition, Labor Organization *	Registra	minimum management	ber, if PA	sC		
run Name of Contributor	employer, Occupation, Labor Organization				Registration Number, if PAC			
C	Description of Item or Service			D	ΙΥ	Fair Market Value		
Street Address	Description of iter	ii or service	M					
	C4-4-	Tin Codo	Pagaiya	d at Fund	raising E	Vent?		
City	State	Zip Code	Receive	YES	iaising L	□NO		
		i I da Ossasisation X	D a criatro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	har if D			
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registration Number, if PAC					
			<del>  \ , , -</del>	D	Y	Fair Market Value		
Street Address	Description of Iter	n or Service	M		1	Tan Market Value		
			The state of	1 - 1 - 5	La iala a E			
City	State	Zip Code	Receive	3	lraising E			
			U YES UNO					
Full Name of Contributor	Employer, Occupa	Registration Number, if PAC						
					<del></del>	In		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	1	lraising E			
				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	Receive		draising E			
			YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
EU-99-90-90-90-90-90-90-90-90-90-90-90-90-								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fun	draising E	Event?		
				YES		NO		

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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)]