

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
FRANKLIN COUNTY DEMOCRATIC PARTY-CAMPAIGN ACCOUNT				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
John Stephan	Attorney			
Street Address	Description of Item or Service	M	D	Y Fair Market Value
168 Boyd Dr.	Office Supply/Postage	0	2	2 1 2 100.00
City	State Zip Code	Received at Fundraising Event?		
Worthington	OH 43085	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Mary Woods	self employed			
Street Address	Description of Item or Service	M	D	Y Fair Market Value
1022 Blind Brook Dr.	Postage	0	2	2 1 2 150.00
City	State Zip Code	Received at Fundraising Event?		
Worthington	OH 43235	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
John P. Kennedy	Crabbe Brown & James			
Street Address	Description of Item or Service	M	D	Y Fair Market Value
500 S. Front St.	Legal Services	0	3	2 9 1 2 1,000.00
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
George Mc Cue	Crabbe Brown & James			
Street Address	Description of Item or Service	M	D	Y Fair Market Value
500 S. Front St.	Legal Services	0	3	2 9 1 2 1,193.93
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" 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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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)]