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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					
Friends of John O'Grady	Employer, Occupation, Dabor Organization			A COGISCIALION	rumou, m i r	.~
Street Address	Description of Item or Service			м п) Y	Fair Market Value
525 E. Town St.	Venue				5 1 8	
City	State	State Zip Code		Received at	Fundraising Ev	vent?
Columbus	1	\mathbf{I}	43215	✓ YE		No
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC		
Friends of John O'Grady						
Street Address	Description of Item or Service			M) Y	Fair Market Value
525 E. Town St.	Fo	Food & Beverage			5 1 8	580.00
City	State		Zip Code		Fundraising Ev	yent?
Columbus	O I	\mathbf{I}	43215	✓ YE	s	NO
Full Name of Contributor	Employer, Oc	ссира	ntion, Labor Organization *	Registration	Number, if PA	AC .
Friends of John O'Grady						
Street Address		Description of Item or Service		1) Y	Fair Market Value
525 E. Town St.	Gam		& entertainment	0 8 2		
City	State		Zip Code		Fundraising Ev	
Columbus		\mathbf{I}	43215	✓ YE		NO
Full Name of Contributor	Employer, O	ccupa	ation, Labor Organization *	Registration	Number, if PA	AC
Friends of John O'Grady	<u> </u>			 	- 1	To a second control of the second control of
Street Address	Description of Item or Service				$\begin{array}{c c} & Y \\ & & 1 \end{array}$	Fair Market Value
525 E. Town St.	Legal Service/Permit_			0 8 2	5 1 8	
City	State		Zip Code	Received at	Fundraising E	vent? NO
Columbus Full Name of Contributor		I	43215			
	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Friends of John O'Grady Street Address	Description of Item or Service			l _M) Y	Fair Market Value
525 E. Town St.	Supplies				5 1 8	
City	State		Zip Code		Fundraising E	
Columbus		Н	43215	✓ YE		No
Full Name of Contributor			ation, Labor Organization *		Number, if PA	AC .
The results of controller	Employer, oscupation, sacot organization			, , , , , , , , , , , , , , , , , , , ,		
Street Address	Description of Item or Service			М	D Y	Fair Market Value
				1 1	1 1	
City	State	State Zip Code		Received at	Fundraising E	vent?
	1 1			YE	s	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC		
	İ			<u> </u>		
Street Address	Description of Item or Service			М	D Y	Fair Market Value
City	State		Zip Code		Fundraising E	
				YE	s	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration	Number, if PA	AC
				<u> </u>		
Street Address	Description of Item or Service			M	D Y	Fair Market Value
				ĻĻĻ		1
City	State		Zip Code		Fundraising E	
			L	YI	.5	NO

Page Total \$ 4,584.90

^{*} 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)]