

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Franklin County Democratic Party-Campaign Account</b>				
Full Name of Contributor <b>Phil Craig</b>		Employer, Occupation, Labor Organization * <b>Self/Craig Group</b>		Registration Number, if PAC
Street Address <b>5490 Heathrow Dr.</b>		Description of Item or Service <b>Beverages</b>		M   D   Y   Fair Market Value <b>0   7   2   5   1   4   315.43</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>John Raphael</b>		Employer, Occupation, Labor Organization * <b>Self/Patrick J's</b>		Registration Number, if PAC
Street Address <b>261 East northbroadway</b>		Description of Item or Service <b>Food</b>		M   D   Y   Fair Market Value <b>0   7   2   5   1   4   300.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Curtis Davis</b>		Employer, Occupation, Labor Organization * <b>Info Technology/Consultant</b>		Registration Number, if PAC
Street Address <b>584 E. Moler</b>		Description of Item or Service <b>Phone/internet Installation</b>		M   D   Y   Fair Market Value <b>0   8   1   2   1   4   680.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Otto Beatty Jr.</b>		Employer, Occupation, Labor Organization * <b>Self/Attorney</b>		Registration Number, if PAC
Street Address <b>1421 Taylore Corner Circle</b>		Description of Item or Service <b>Paper</b>		M   D   Y   Fair Market Value <b>1   0   0   1   1   4   90.00</b>
City <b>Blacklick</b>	State <b>OH</b>	Zip Code	Received at Fundraising Event? <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)]