Page <u>No</u>

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | |
|--|--|--------------------------------|--|---|------------|-------------------|
| Franklin County Democratic Party | | | | | | |
| | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | |
| Ohio Democratic Party | | L | annen mannen en | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Street Address | Description of Item or Service | | M | D | | Fair Market Value |
| 340 East Fulton Street | Office Space | | 11 | 0 1 | 0 8 | 1,900.00 |
| City | State Zip Code | | Received | at Fundr | aising Ev | |
| Columbus | OH | 43215 | | YES | | ✓ NO |
| | Employer, Occupa | Registration Number, if PAC | | | | |
| Ohio Democratic Party | | | | | | |
| Street Address | Description of Item or Service | | M | D | Y | Fair Market Value |
| 340 East Fulton Street | Office Space | | 1 2 | 0 1 | 0 8 | 1,900.00 |
| City | State | Received at Fundraising Event? | | | | |
| Columbus | ОН | Zip Code 43215 | | YES | Ü | √ NO |
| Full Name of Contributor | | ation, Labor Organization * | | | er if PA | |
| Full Name of Contributor | Employer, Occupa | 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 Fundi | aising Ev | ent? |
| City | Build | Zip Code | | YES | | ΠNO |
| C. II. N | Employer Occur | ation, Labor Organization * | Registrat | | her if PA | |
| Full Name of Contributor | Employor, Occupation, Davor Organization | | | Registration Number, if PAC | | |
| Company of the control of the contro | Description of Item or Service | | | D | Y | Fair Market Value |
| Street Address | Description of Rem of Service | | M | D | 1 | an waret value |
| | Character Tip Code | | Daning | l of Francis | aising Ev | (m+1) |
| City | State | Zip Code | Received | YES | aising Ev | NO NO |
| | | | | | | |
| Full Name of Contributor | Employer, Occup | Registration Number, if PAC | | | | |
| | C 1 | | M | D | ΙΥ | Fair Market Value |
| Street Address | Description of Item or Service | | 141 | J | 1 | Tan Market Value |
| | | · | | | L. | .0 |
| City | State | Zip Code | £ , | | raising Ev | |
| | | | 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 | | raising Ev | · |
| | | | YES NO | | | |
| Full Name of Contributor Employer, Occupation, | | ation, Labor Organization * | Registra | tion Num | ber, if PA | C |
| | F-100-00-00-00-00-00-00-00-00-00-00-00-00 | | | | | |
| Street Address | Description of Item or Service | | М | D | Y | Fair Market Value |
| | | | 1.0 | | | |
| City | State | Zip Code | Receive | d at Fund | raising Ev | ent? |
| | - | | YES NO | | | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | |
| | | | | | | |
| Street Address | Description of Item or Service | | М | D | Y | Fair Market Value |
| | | | account of the same | 1 | 1 | |
| City | State | Zip Code | Receive | d at Fund | raising Ev | L/ent? |
| City | - State | | | YES | | NO |

Page Total \$ 3,800.00

^{*} 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)]