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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
FRANKLIN COUNTY DEMOCRATION	C PARTY							
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC			
OAPSE/AFSCME	Labo	Labor Organization			LA1269			
Street Address	,	Description of Item or Service			Y	Fair Market Value		
6805 Oak Creek Dr.	G(GOTV STAFF			1 8	17,525.00		
City	State				Received at Fundraising Event?			
Columbus		O H 43229			YES VO			
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	ployer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	State Zip Code		d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		

Page Total \$ 17,525.00

^{*} 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)]