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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 A	ACCOUNT							
Full Name of Contributor	Employer Occups	ntion, Labor Organization *	Remistra	tion Num	her if D	A.C.			
Phil Craig		CEO/Craig Group			Registration Number, if PAC				
Street Address	Description of Iter	Description of Item or Service			Y	Fair Market Value			
5490 Heathrow Dr.	Bevera	Beverages for meeting		2   1	1 5	189.00			
City	State	State Zip Code			Received at Fundraising Event?				
Powell	о і н	43065		YES		<b>√</b> №0			
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Iter	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, Occupa	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of Iter	Description of Item or Service			Y	Fair Market Value			
City	State	Zip Code	Received	lat Fund YES	raising E	vent?			
Full Name of Contributor		ntion, Labor Organization *	Registration Number, if PAC						
Street Address	Description of Iter	Description of Item or Service		D	Ÿ	Fair Market Value			
City	State	Zip Code	Received	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Iter	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Received	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of Iter	Description of Item or Service		D 	Y	Fair Market Value			
City	State	Zip Code	Received	d at Fund YES	raising E	wint?			
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Iter	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, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Iter	Description of Item or Service		D 	Y	Fair Market Value			
City	State	Zip Code	Receive	dat Fund YES	raising E	vent?			

<sup>\*</sup> 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)]