In-Kind Contributions Received

Page 1_____

Prescribed by Secretary of State 03/05

Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Franklin County Republican Party				
Street Address 14 East Gay Street, 2nd Floor	Description of Item or Service		M D	Y Fair Market Value
-	Accounting Services		1 0 p 1	
City Columbus	1	Zip Code	Received at Fu	indraising Event?
Full Name of Contributor	OH 43215 Employer, Occupation, Labor Organization*		© YES ⊙ NO	
an Name of Contributor	Employer, Occupation	on, Labor Organization*	Registration N	umber, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
			TO VALUE OF A CONTROL OF THE CONTROL	VI TOTAL STATE OF THE STATE OF
City		Zip Code	Received at Fu	ndraising Event?
	OH		OYES	O 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	1 1	Zip Code	Received at Fu	ndraising Event?
	OH		(O YES	O NO
Full Name of Contributor	Employer, Occupatio	n, Labor Organization*	Registration Nu	encontractive and the first temperature and
Street Address	Description of Item or	.0. :		
	Description of item of Service		M D	Y Fair Market Value
ity	Sta te Z	Cip Code	Received at Fu	ndraising Event?
	OH		O YES	O NO
ull Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
treet Address	Description of Item or Service		M D	Y Fair Market Value
City		ip Code	Received at Fur	ndraising Event?
	ОН		O YES	O NO
ull Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
reet Address	Description of Item or Service		M D Y Fair Market Value	
		347760		ran Market Value
City	State Z	ip Code	Received at Fun	draising Event?
	OH		O YES	O NO
ull Name of Contributor	Employer, Occupation	n, Labor Organization*	Registration Nu	
reet Address	Danieli - Ch	0 :		
	Description of Item or Service		MD	Y Fair Market Value
ity	Sta te Z	ip Code	Received at Fun	draising Event?
	ОН	•	OYES	O NO
ıll Name of Contributor	Employer, Occupation	, Labor Organization*	Registration Nur	
reet Address	Dog-i-tiCI:	G	M D	
	Description of Item or	Description of Item or Service		Y Fair Market Value
ity	Sta te Zi	p Code	Received at Form	draising Event?
		OH Zip Code		Received at Fundraising Event? OYES NO

Page Total \$323.75

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]