## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del></del>						
FRANKLIN COUNTY DEMOC	CRATIC PARTY						]	
Full Name of Contributor	Employer, Occupat	Registration Number, if PAC						
Robert Shelly								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
35 Brevoort Rd	Recyling		1   2	1 1	1   7	1	8.00	
City		Zip Code		d at Fund	raising Ev	vent?		
Columbus	$O \mid H \mid$	43214		YES		✓ NO		
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State 2	Zip Code	Receive	d at Fundi YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value		
City	State Z	Zip Code	Received	d at Funda YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Num	ber, if PA	AC .		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State 2	Zip Code	Received	d at Fundi YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value		
City	State 2	Zip Code	Received	d at Fundi YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		

8.00

<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)]