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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Franklin County Democratic Party								
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Ohio Democratic Party	1							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
271 E State St	Accounting			0 4	1 0	0 2	7 13.95	
City	State Zip Code			Received at Fundraising Event?				
Columbus		H	43215		YES		NO	
Full Name of Contributor			tion, Labor Organization *	Registra	tion Num	ber. if I	PAC	
	Linployer	, Occupa	tion, Eudor Organization	11000000		,		
Ohio Democratic Party	D			М	D	Y	Fair Market Value	
Street Address	Description of Item or Service				1 .		7 1,494.36	
271 E State St	Payroll			0 4				
City	Sta		Zip Code	Receive	d at Fund	raising		
Columbus	0	Η	43215	<u> </u>	YES		✓NO	
Full Name of Contributor	Employer	r, Occupa	tion, Labor Organization *	Registra	tion Num	ber, if	PAC	
				ĺ				
Street Address	Descripti	on of Iten	n or Service	M	D	Y	Fair Market Value	
Succi Addiess		5 cccp			1	1	İ	
Cit	State Zip Code			Receive	d at Fund	raising	Event?	
City			2.p 0000		YES	·	Пио	
	Employe		ation, Labor Organization *	Pagietra	tion Nun	her if		
Full Name of Contributor	Employe	r, Occupa	mon, Labor Organization	Kegisua	mon 14an	1001, 11	ine	
					т 5	T +;;	Tr. M. L. W.L.	
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
City	Sta	ate	Zip Code	Receive	d at Fund	lraising		
					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	
Direct 7 Address								
	Str	ate	Zip Code	Receive	d at Fund	Iraising	Event?	
City			Zap Code		YES		NO	
	m 1		tion Table Openinting *	D opietre		abor if		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC					TAC		
					т _	T	In the state of th	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	St	ate	Zip Code	Receive	d at Fund	draising		
	1				YES		∐ио	
Full Name of Contributor	Employe	r, Occup	ation, Labor Organization *	Registra	ation Nun	nber, if	PAC	
		_						
Street Address	Descript	ion of Ite	m or Service	М	D	Y	Fair Market Value	
Sitet Address	Description of item of Service				1 1	1 1	ļ	
	- C+	ate	Zip Code	Receive	d at Fund	draisine	Fivent?	
City	51	ALC.	Zip code		YES		NO	
	Forder Compating Labor Committee *			Registration Number, if PAC				
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registr	Registration Number, if PAC			
					1 - 2 -	In the Law t		
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
							<u> </u>	
City	St	ate	Zip Code	Receive	d at Fun	draising	_	
			<u> </u>		YES		По	

Page Total \$	1,508.31

^{*} 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)]