## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

	<u> </u>			MINISTERNA CONTRACTOR	omentum service servic	W. W. S.	
Name of Committee in Full							
Maryellen O'Shaughnessy Committee			TDi	ation Nive		7.4.¢	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Franklin County Democratic Party	Description of Item or Service		M	D	TV	Toin Market Value	
Street Address	• •		1 0	ł	0 8	Fair Market Value 6,200.00	
271 East State St.	Chaha	printing State Zip Code		Received at Fundraising Event?			
City Columbus	O H	43215	YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Talk Walle of Gold Battol							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fun YES	draising	Event?	
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fun YES	draising	Event? NO	
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fun YES	draising	Event?	
Full Name of Contributor	Employer, Occu	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	ed at Fun YES	draising	Event? NO	
Full Name of Contributor	Employer, Occi	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	ed at Fun YES	draising	Event?	
Full Name of Contributor	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	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fun YES	draising	Event? NO	

Page Total \$ \_\_\_\_6,200.00

<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)]