In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	***************************************		Name and the second sec	STREET,	***************************************		
Rame or Committee in Full Friends for Ginther							
Full Name of Contributor	Employer, Occ	Registration Number, if PAC					
Ohio Democratic Party							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
340 E. Fulton St.	Media Production		0 7	0 2	0 8	2,935.63	
City	State Zip Code			Received at Fundraising Event?			
Columbus	O H 43215			YES NO			
Full Name of Contributor	Employer, Occ	Registration Number, if PAC					
IAFF Local 67							
Street Address	Description of	Description of Item or Service		D	Υ	Fair Market Value	
379 W. Broad St.	Food, o	Food, drinks, facilities rent		0 1	0 8	870.23	
City	State Zip Code		Receive	Received at Fundraising Event?			
Columbus	O H	43215		YES		NO	
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization * Registration				PAC	
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value	
					111111111111111111111111111111111111111		
City	State	Zip Code	Receive	ed at Fur	ndraising	Event?	
				YES		NO	
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	
0:	State	Zip Code	Pacaiv	ad at Eur	ndraising	Event?	
City	State	Zip Code	I CCCIV	YES	laraising	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Fall Mattle of Contributor	Linployer, oc	Trogisti	Trogistration (tallison) in 1710				
Street Address	Description of Item or Service		 M	D	ΙΥ	Fair Market Value	
on our rival out							
City	State	Zip Code	Receive	ed at Fur	ndraising	Event?	
				YES		NO	
Full Name of Contributor	Employer, Oc	Registr	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fu	ndraising	Event?	
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	ΙΥ	Fair Market Value	
5000007000000							
City	State Zip Code		Received at Fundraising Event?				
				YES NO			
Full Name of Contributor	Employer, Oc	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value	
City	State Zip Code		Receiv	Received at Fundraising Event?			
	Toology Toolog			YES NO			
				***************************************	**********************		

Page Total \$ 3,805.86

^{*} 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)]