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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Franklin County Democratic Party			
Full Name of Contributor	Employer, Occupation, Labor Organization Registration Number, if PAC		
Ohio Democratic Party	Employer, Occupation, Labor Organization		registration (fullion), it is no
Street Address	Description of Item or Service		M D Y Fair Market Value
340 E. Fulton St.	Office Space		0 7 0 1 1 0 1,400.00
City	State Zip Code		Received at Fundraising Event?
Columbus	OH	43215	YES NO
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
340 E. Fulton St.	Office Space		0 8 0 1 1 0 1,400.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	$O \mid H$	43215	☐ YES ☑ NO
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC
Ohio Democratic Party]		
Street Address	Description of Item or Service		M D Y Fair Market Value
340 E. Fulton St.	1 0	Office Space	0 9 0 1 1 0 1,400.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	\cap \mid H	43215	☐ YES ☑ NO
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC
Ohio Democratic Party			
Street Address	Description of It	em or Service	M D Y Fair Market Value
340 E. Fulton St.	Office Space		1 0 0 1 1 0 1,400.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	$O \mid H$	43215	YES INO
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
	<u> </u>	I	
City	State	Zip Code	Received at Fundraising Event?
			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
Succe Audices	Description of item of service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
		Zip Code	YES NO
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Registration Number, if PAC
	2	oution, and or gamentin	Transaction (amout, 2.11)
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	1		☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
			<u> </u>
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
		<u></u>	YES NO

Page Total \$ 5,600.00

^{*} 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)}