

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Franklin County Democratic Party</b>			
Full Name of Contributor <b>Ohio Democratic Party</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Office Space</b>	M   D   Y <b>0   1   0   1   1   0</b>	Fair Market Value <b>1,400.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Ohio Democratic Party</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Office Space</b>	M   D   Y <b>0   2   0   1   1   0</b>	Fair Market Value <b>1,400.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Ohio Democratic Party</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Office Space</b>	M   D   Y <b>0   3   0   1   1   0</b>	Fair Market Value <b>1,400.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Ohio Democratic Party</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Office Space</b>	M   D   Y <b>0   4   0   1   1   0</b>	Fair Market Value <b>1,400.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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
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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
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]