

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				
	Employer, Occupation, Labor Organization		Registration Number, h 1740		
Ohio Democratic Party	Description of Item or Service		M D	.Y	Fair Market Value
Street Address	1 -		1 1	1 1 0	E .
340 East Fulton Street	Office Space State Zip Code				
College less constant of the c	State O H	43215	Received at F	-	NO
Columbus	Consequence and the contract of the contract o				
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registration N	vumber, ii PA	
Ohio Democratic Party			+ 1 1 - E	F x7	177 - 1 X S - 1 - 4 X I - 3
Street Address	Description of Item or Service		M D	1	Fair Market Value
340 East Fulton Street	Office Space		0 2 0 1 1 0 1,400.00 Received at Fundraising Event?		
City	State	Zip Code	3		
Columbus	$O \mid H$	43215	YES		✓NO
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				
Ohio Democratic Party					
Street Address	Description of Item or Service		M D		Fair Market Value
340 East Fulton Street	Office Space		0 3 0	1 1 0	1,400.00
City		Zip Code	Received at F	undraising Ev	
Columbus	O H	43215	YES	3	✓NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registration N	Number, if PA	\C
Ohio Democratic Party					
Street Address	Description of Iter	M D	Y	Fair Market Value	
340 East Fulton Street	Office Space		0 4 0	1 1 0	1,400.00
City	State	Zip Code	Received at F	undraising Ev	vent?
Columbus	O H	43215	YES		✓ NO
Full Name of Contributor	la compressa de la compressa d	ation, Labor Organization *	Registration N	Number, if PA	AC
an rand of controller	, , , , , , , , , , , , , , , , , , , ,	,			
Street Address	Description of Item or Service		M D	Y	Fair Market Value
5 5 Mai 5.5					-
City	State	Zip Code	Received at F	undraising Ex	vent'?
Chy		Lap code	YES	-	□NO
Full Name of Contributor	Employer Occur	pation, Labor Organization * Registration Number, if PAC			
ran ranc of Controdio	Employer, Occupation, Labor Organization		registration (value), if 1710		
C 4 h J.l	Description of Item or Service		M D	T Y	Fair Market Value
Street Address	Description of item or Service		M D		ran iviaiket value
		Fa: 0 1	7 : 1 (1		
City	State	Zip Code	Received at F		
			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
City	State	Zip Code	Received at F	_	
	17		YES	3	L 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 F	undraising E	vent?
	30000000000000000000000000000000000000	eachimeand out	YES	S	NO

Page Total \$ 5,600.00

^{*} Required for contributions form 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)]