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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Friends of O'Grady Committee			<del></del>							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC							
Franklin County Democratic Party					M D Y Fair Market Value					
Street Address		Description of Item or Service		D	Υ	Fair Market Val				
271 E. State St.	Office Space & Phones			0 3 3 1 0 7 315.00						
City	State	State Zip Code		Received at Fundraising Event?						
Columbus	$O \mid H$	43215		YES		✓NO				
Full Name of Contributor	Employer, Occup	Registration Number, if PAC								
Franklin County Democratic Party										
Street Address	Description of Ite	Description of Item or Service		M D Y Fair Market Value						
271 E. State St.	Office	Office Space & Phones		3   0	0 7		315.00			
City	State	Zip Code	Received	at Fundr	aising Ev					
Columbus	$O \mid H$	43215		YES		✓NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Val	ue			
	•		_							
City State Zip Code		Zip Code	Received	at Fundr	aising Ev	/ent?				
,				YES		NO				
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registrat	ion Numl	oer, if PA	vÇ.				
Street Address	Description of Item or Service		М	D	Y	Fair Market Val	ue			
					1					
City	State	Zip Code	Received	l at Fundr	aising Ev	vent?				
	1 1			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 Val	lue			
City	State	State Zip Code		Received at Fundraising Event?						
				YES		∐NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	Registration Number, if PAC						
			1							
Street Address	Description of Item or Service		М	D	Y	Fair Market Val	lue			
City	State	Zip Code	Received	i at Fundi	raising E	vent?				
				YES		NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC							
l										
Street Address	Description of Item or Service		M	D	Y	Fair Market Va	lue			
i										
City	State	Zip Code	Received	d at Fund	raising E					
				YES		NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Va	lue			
l										
City	State	Zip Code	Received	d at Fund	raising E					
				YES		NO				
		· · · · · · · · · · · · · · · · · · ·								

Page Total \$ 630.00

<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)]