31-J-1
R.C. 3517.10

Page 1

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
Friends of O'Grady Committee

Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Franklin County Democratic Party		
Street Address	**Description of Item or Service**	**M / D / Y — Fair Market Value**
271 E. State St.	Office Space & Phones	03 / 31 / 07 — 315.00
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
Franklin County Democratic Party		
Street Address	**Description of Item or Service**	**M / D / Y — Fair Market Value**
271 E. State St.	Office Space & Phones	06 / 30 / 07 — 315.00
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
Street Address	**Description of Item or Service**	**M / D / Y — Fair Market Value**
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**
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**
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**
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**
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**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO

* 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)]

Page Total $ 630.00