Page 1

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Democratic Party			
Full Name of Contributor	Employee Occur	antina I shar Onsenization 8	Decistration Number is DAC
Bi .	Employer, Occup	Janon, Lauor Organization	Registration Number, if PAC
Ohio Democratic Party Street Address	To a salistica of City		N. N. S.
R	Description of Item or Service Office Space State O H		M D Y Fair Market Value
340 East Fulton Street	oranian francesarian analysis and a second and a second production in the contract of the cont		0 7 0 1 0 8 1,900.0
City Columbus	1		Received at Fundraising Event? YES NO
Full Name of Contributor	างในเทองเลยเลยเลยเลยเลยเลยเล่นเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเลยเ	eta di serientra se construir montra en construir et transcribitati de la construir de construir de construir	Registration Number, if PAC
Ohio Democratic Party			
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
340 East Fulton Street		Office Space	0 8 0 1 0 8 1,900.0
City	State		Received at Fundraising Event?
Columbus	0 H	43215	YES VO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
Ohio Democratic Party	-		
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
340 East Fulton Street	C	Office Space	0 9 0 1 0 8 1,900.0
City	State		Received at Fundraising Event?
Columbus	O H	43215	YES NO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
Ohio Democratic Party	The state of the s		
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
340 East Fulton Street		Office Space	1 0 0 1 0 8 1,900.0
City	i .		Received at Fundraising Event?
Columbus	0 H	43215	YES VO
Full Name of Contributor	Employer, Occup	oation, 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?
	-	- Anna Anna Anna Anna Anna Anna Anna Ann	YES NO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
	esociation in the second		
Street Address	Description of Item or Service		M D Y Fair Market Value
	*COCOUNTY OF THE PROPERTY OF T		100
City	State	Zip Code	Received at Fundraising Event?
	and the state of t		YES NO
Full Name of Contributor	Employer, Occup	oation, 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, Occup	oation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
	озышно		
City	State	Zip Code	Received at Fundraising Event?
	Managara	NAME OF TAXABOOM	YES NO

Page Total \$ 7,600.00

^{*} 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)]