Page 3

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						······································	
Franklin County Democratic Party							
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	tion Num	ber, if PA	AC	· · · · · ·
Hayley Gallery							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
260 Market St. Suite B	Venue		0 8	2 8	1 9	1 .	300.00
City	State	Zip Code			raising E	vent?	
New Albany	$O \mid H$	43054		YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	tion Num	ber, if PA	AC	
Peace Love Juice							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	400.00
260 Main St.	Food		0 8				100.00
City Nov. Albory	State H	Zip Code		yes	raising E		
New Albany Full Name of Contributor		43054 vation, Labor Organization *	-		L. :CD4	∐NO	
Sarah Higgiston	Employer, Occup	none	Registration Number, if PAC				
Street Address	Description of Ite	M D Y Fair Market Value					
4320 Vaux Link	Description of Item or Service Food			2 8			90.00
City	State	Zip Code			raising E		70.00
New Albany	ОН	43054		YES		No	
Full Name of Contributor		ation, Labor Organization *	Registrat	tion Num	ber, if PA	AC	
Tommie Radd	Self						
Street Address	Self/Consultant Description of Item or Service			D	Y	Fair Market Value	
1075 Arcaro Ct.	Food		0 8	2 8	1 9		60.00
City	State	Zip Code		at Fund	raising E	vent?	
Gahanna	$O \mid H$	43230		YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	tion Num	ber, if PA	AC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	-
		,				<u> </u>	
City	State	Zip Code	Receiver	1	raising E		
5 U.V. 10 . 7 .	F 1 0			YES	1 '67	NO	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	non Nun	ber, if PA	AC .	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
		1	1	<u></u>	يلبل	<u> </u>	
City	State	Zip Code	Received	YES	Iraising E	vent ⁷ NO	
F. P. N	Employee Occur	ation, Labor Organization *	Pagiatras		ber, if PA		
Full Name of Contributor	Employer, Occup	ation, Labor Organization	Registra	non Nun	iber, ii PA	1 C	
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Received		traising E		
				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 Value	
		Ta: O 1	1	1	1 -	1	~~~
City	State	Zip Code	Received	d at Fund YES	traising E	vent?	

Page Total \$ 550.0)
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^{*} 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)]