

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRANKLIN COUNTY DEMOCRATIC PARTY				
Full Name of Contributor OTTO BEATTY JR.		Employer, Occupation, Labor Organization * SELF/LAWYER		Registration Number, if PAC
Street Address 1421 TAYLOR CORNER CIRCLE		Description of Item or Service OFFICE SUPPLY		M D Y Fair Market Value 0 5 0 1 1 3 180.00
City BLACKLICK	State O H	Zip Code 43004		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor WILLIAM WOODS		Employer, Occupation, Labor Organization * SELF/LAWYER		Registration Number, if PAC
Street Address 1022 BLIND BROOK DR.		Description of Item or Service OFFICE FURNITURE		M D Y Fair Market Value 0 5 0 8 1 3 610.00
City COLUMBUS	State O H	Zip Code 43235		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor ROBERT CROSBY		Employer, Occupation, Labor Organization * RETIRED		Registration Number, if PAC
Street Address 1520 THURELL RD		Description of Item or Service OFFICE SUPPLY		M D Y Fair Market Value 0 5 1 4 1 3 75.00
City COLUMBUS	State O H	Zip Code 43229		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
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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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 \$ 865.00