

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			<del></del>						
FRANKLIN COUNTY DEMOCRATION	PARTY	,							
Full Name of Contributor	Employer, O	ation, Labor Organization *	Registration Number, if PAC						
OTTO BEATTY JR.		SELF/LAWYER							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
1421 TAYLOR CORNER CIRCLE	OFFICE SUPPLY				011	1 3		180.00	
City BLACKLICK	State	н	Zip Code	Receive	1	raising Ev			
Full Name of Contributor		43004 ation, Labor Organization *	YES NO						
WILLIAM WOODS		F/LAWYER	Registration Number, if PAC						
Street Address		m or Service	М	D	Y	Fair Market Value			
1022 BLIND BROOK DR.	OF	OFFICE FURNITURE				1 3		610.00	
City	State		Zip Code	Receive	d at Fund	raising Ev	vent?		
COLUMBUS		H	43235		YES		√N0		
Full Name of Contributor	Employer, O	Employer, Occupation, Labor Organization *				Registration Number, if PAC			
ROBERT CROSBY	<del> </del>	RETIRED	M D Y Fair Market Value						
Street Address		Description of Item or Service				Y	Fair Market Value		
152O THURELL RD		OFFICE SUPPLY			1 4	113	<u> </u>	75.00	
City COLUMBUS	State	нΙ	Zip Code 43229	Received	YES	raising Ev	veni? VNO		
Full Name of Contributor			#3229 ation, Labor Organization *	Parietra	_	her if DA			
	Limproya, O	tion, Labor Organization	Registration Number, if PAC						
Street Address	Description of	n or Service	М	D	Y	Fair Market Value	,		
City	State		Zip Code	Receive		raising Ev			
Full Name of Contributor	- <u> </u>				YES NO Registration Number, if PAC				
Full Name of Commoutor	Employer, O	ation, Labor Organization *	Kegistra	tion Num	ber, if PA	iC .			
Street Address	Description	Description of Item or Service				Y	Fair Market Value		
							ł		
City	State		Zip Code	Receives	1	raising Ev			
					YES		0NO		
Full Name of Contributor	Employer, O	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description (	n or Service	М	Ð	ΙΥ	Fair Market Value			
	1		1 1	1	1				
City	State		Zip Code	Receive	d at Fund	raising Ev	vent?		
					YES		N0		
Full Name of Contributor	Employer, O	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of	n or Service	М	D	Y	Fair Market Value			
					Ĭ	Ī			
City	State		Zip Code	Receive		raising Ev	vent?		
				YES NO					
Full Name of Contributor	Employer, O	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description	Description of Item or Service			Œ	Y	Fair Market Value	;	
City	State		Zip Code			raising Ev			
					YES		oא.		

<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)]