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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Franklin County Democratic Party Full Name of Contributor Employer, Occupation, Labor Organization * Registration Number, if PAC							
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Ohio Democratic Party		<u> </u>	J	P			
Street Address	Description of Item or Service		M	D	ŧ i	Fair Market Value	
340 East Fulton Street	Office Space		0 1 0 1 0 9 1,900.00				
City	State Zip Code		Received at Fundraising Event?				
Columbus	$O \mid H$	43215		YES	000000000000000000000000000000000000000	✓NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Ohio Democratic Party			OD-STREET				
Street Address	Description of Item or Service		M	D		Fair Market Value	
340 East Fulton Street	Office Space		0 2	0 1	0 9	1,900.00	
City	State	Zip Code			aising Ev	ent?	
Columbus	OH	43215		YES		NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Ohio Democratic Party							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
340 East Fulton Street	Office Space		03	0 1		1,900.00	
City	State	Zip Code			aising Ev		
Columbus	O H	43215		YES		✓NO	
Full Name of Contributor	Laurennessa variation anno anno anno anno anno anno anno a	nation, Labor Organization *	Registra		her if PA		
Ohio Democratic Party	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of Item or Service			M D Y Fair Market Value			
B .	Description of the	$\begin{bmatrix} 1 & 1 \\ 0 & 4 \end{bmatrix}$	£		1,400.00		
340 East Fulton Street	*			raising Ev			
^{City} Columbus	State H	Zip Code 43215	Receive	YES	aising Ev	ont? √NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
			.	T	r		
Street Address	Description of Item or Service		M	D	Υ :	Fair Market Value	
				<u> </u>	L		
City	State	Zip Code	Receive		raising Ev	1	
			***************************************	YES		L_NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
				egymtessessississississississis	ng panana manana na n	gomentorementalisticatura in a successiva de constitución de constitución de constitución de constitución de c	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive		raising Ev	ent?	
				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	Receive	d at Fundi	raising Ev	ent?	
		•		YES	Ü	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
		7		,			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising Ev	L	
s ~~,	State		1.000,70	YES		NO	
	1	I .	l	واستنا		L	

^{*} 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)]