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## **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 Occur	nation 1 abor Organization *	Registration N	imber if DAC		
Dan McKay	Employer, Occupation, Labor Organization * Consultant/Telecomm		Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		Y Fair M	arket Value	
1505 W. 3rd Ave. Apt.20	A	Advertisment		5 1 6	25.00	
City	State	Zip Code	_	indraising Event?		
Columbus	O h	43212	YES	✓ No	0	
Full Name of Contributor Ohio Assoc of Public Employee	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC			
	75 77			LA1269  M D Y Fair Market Value		
Street Address 6805 Oak Creek Dr.		Description of Item or Service Staff for GOTV		5 1 6 Fair M	30,504.00	
City	State	Zip Code			30,304.00	
Columbus	O H	43229	YES	indraising Event?	)	
Full Name of Contributor		pation, Labor Organization *				
Pair Name of Contributor	Employer, Occup	panon, ration Organization	Registration N	Registration Number, if PAC		
Street Address	Description of It	Description of Item or Service		Y Fair Ma	urket Value	
City	State	Zip Code	Paceired at Fr	miraising Event?		
	State	zap cooc	YES		<b>o</b>	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Item or Service		M D	Y Fair M	arket Value	
City .	State	Zip Code	Received at Fi	mdraising Event?	0	
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Y Fair M	arket Value	
City	State	Zip Code	Received at Fr	indraising Event?		
I,	1		YES	□×c	<b>o</b>	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M D	Y Fair M	arket Value	
City	State	Zip Code	Received at Fi	mdraising Event?		
			L YES	No	<u> </u>	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Y Fair Ma	urket Value	
City	State	Zip Code	Received at Fi	indraising Event?	0	
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Y Fair M	arket Value	
City	State	Zip Code	Received at Fi	mdraising Event?	0	

<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)]