31-J-1	
R C 3517	7.10

Page	Page	
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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Friends for Ginther		·			
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Numb	Registration Number, if PAC	
Ohio Democratic Party	l				
Street Address	Description of Item or Service		M D	Y Fair Market Value	
271 E State St	Postage		1 0 2 5	0 7 1,724.60	
City	State	Zip Code	Received at Fundraising Event?		
Columbus	O H	43215	YES	✓NO	
Full Name of Contributor		pation, Labor Organization *	Registration Numb	ber, if PAC	
Ohio Democratic Party	Employer, occu	pation, 2000. Organisation		,	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
	Production Costs		$\begin{bmatrix} 1 & 0 & 2 & 9 \\ 1 & 0 & 2 & 9 \end{bmatrix}$	1	
271 E State St			Received at Fundr		
City	State	Zip Code	I —	aising Event? ✓ NO	
Columbus	O H	43215	YES		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Numb	ber, if PAC	
Ohio Democratic Party					
Street Address	Description of It		M D	Y Fair Market Value	
271 E State St		Media Buy	1 0 2 9	0 7 30,026.63	
City	State	Zip Code	Received at Fundr		
Columbus	lo I H	43215	YES	✓NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Numl	ber, if PAC	
		. ,			
Street Address	Description of Item or Service		M D	Y Fair Market Value	
Street Address	Description of 1	tolii oi oolvioo			
0'	C+-+-	Tin Code	Received at Funda	raising Event?	
City	State	Zip Code	YES	NO	
	7 1 0	110			
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Num	ber, if PAC	
	<u> </u>		<u> </u>	r	
Street Address	Description of I	tem or Service	M D	Y Fair Market Value	
City	State	Zip Code	Received at Funds	raising Event?	
			YES	NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
			l		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
	•				
City	State	Zip Code	Received at Funds	raising Event?	
eny			YES	□NO	
Full Name of Contributor	Employer Coo	pation, Labor Organization *	Registration Num		
run Name of Controutor	Employer, Occi	ipation, Labor Organization	Registration Ivani	501, 11 1 1 1 0	
			- N I D	Y Fair Market Value	
Street Address	Description of I	tem or Service	M D	Y Fair Market Value	
				<u> </u>	
City	State	Zip Code	Received at Funds	<u> </u>	
			YES	NO	
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registration Num	ber, if PAC	
Street Address	Description of I	tem or Service	M D	Y Fair Market Value	
		•			
City	State	Zip Code	Received at Fund	raising Event?	
l			YES	□NO	

Page Total \$ 36,579.17

^{*} 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)]