

R.C. 3517.10

Page

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, Occu	upation, Labor Organization *	Registr	ation Nun	mber, if PA	ĀC	
Ohio Democratic Party							
Street Address	Description of I		M	D	Y	Fair Market	
271 E State St		Payroll	0 9				1,490.55
City	State	Zip Code	Receive	_	draising E		
Columbus	O H			YES		✓NO	
Full Name of Contributor	Employer, Occu	upation, Labor Organization *	Registr	ation Nun	nber, if PA	AC	W
Ohio Democratic Party	. I						
Street Address	Description of It		М	D	Y	Fair Market	
271 E State St	l <u>He</u>	alth Insurance	10 9	126	$0 \mid 6$,	224.07
City	State	Zip Code			draising Ev		
Columbus	$O \mid H$	43215		YES		✓ NO	
Full Name of Contributor		upation, Labor Organization *	Registr	ation Nun	nber, if PA		
Ohio Democratic Party							
Street Address	Description of It	tem or Service	М	D	Y	Fair Market	Value
271 E State St		Office Space			0 6		1,945.00
City	State	Zip Code			draising Ev		1,/10.00
Columbus	O H			YES	Taion-o	√No	
Full Name of Contributor		upation, Labor Organization *	Registr		nber, if PA		
Ohio Democratic Party	Emproyer,	pation, Lucoi Organizate	IV-B	Hon	:DC:,	10	
Street Address	Description of It	tom or Sarvina	M	D	Y	Fair Market	Value
271 E State St		Office Space		$0 \mid 1$			1,945.00
City	State	Zip Code			draising Ev		1,740.00
Columbus	State H		Keceive	YES	raising L	vent?	
Full Name of Contributor		ipation, Labor Organization *	D anight	-	nber, if PA		
	Employer, Occup	pation, Labor Organization	Kegisua	ition inum	ber, n r	AC.	
Ohio Democratic Party Street Address	To animin of I		+,,		1 17	In . 3 feelest	
	Description of It		M	D 1 1 1	Y	Fair Market	
271 E State St		Payroll		1 1			1,490.55
Columbus	State	Zip Code	Receive	~	draising Ev		
Columbus	$O \mid H$	43215		YES		✓ NO	
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Num	nber, if PA	4C	
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market	Value
	1						
City	State	Zip Code	Receive	7	raising Ev		
				YES		NO	
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Num	nber, if PA	AC	
			I _				
Street Address	Description of Item or Service		М	D	Y	Fair Market	Value
					1		
City	State	Zip Code	Receive	d at Fund	Iraising Ev	vent?	
į -	i	`		YES	-	NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra		ber, if PA		
				22	J,		
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market	Value
1	Section of New Or Service		***		lî '	I am I.a.	v aiuc
City	State	Zip Code	Receive	d at Fund	Iraising Ev	Trent?	
		Zip Code		YES		NO	
	B 1			بانلا ،		1110	

Page Total \$ 7,095.17

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is selfemployed, occupaton 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)]