

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Franklin County Democratic Party</b>				
Full Name of Contributor <b>Ohio Democratic Party</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>271 E State St</b>		Description of Item or Service <b>Payroll</b>		M   D   Y   Fair Market Value <b>0   9   2   7   0   6   1,490.55</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Ohio Democratic Party</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>271 E State St</b>		Description of Item or Service <b>Health Insurance</b>		M   D   Y   Fair Market Value <b>0   9   2   6   0   6   224.07</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Ohio Democratic Party</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>271 E State St</b>		Description of Item or Service <b>Office Space</b>		M   D   Y   Fair Market Value <b>1   0   0   1   0   6   1,945.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Ohio Democratic Party</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>271 E State St</b>		Description of Item or Service <b>Office Space</b>		M   D   Y   Fair Market Value <b>0   9   0   1   0   6   1,945.00</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from 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)]