

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Franklin County Democratic Party</b>				
Full Name of Contributor <b>OAPSE/AFSCME</b>		Employer, Occupation, Labor Organization * <b>Labor Organization</b>		Registration Number, if PAC <b>LA1269</b>
Street Address <b>6805 Oak Creek Dr.</b>		Description of Item or Service <b>GOTV staff</b>		M   D   Y   Fair Market Value <b>1   1   2   1   1   9   2,000.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Ohio AFL-CIO</b>		Employer, Occupation, Labor Organization * <b>Labor Organization</b>		Registration Number, if PAC <b>PCE</b>
Street Address <b>500 S. Front St. Suite 700</b>		Description of Item or Service <b>Phone Calls</b>		M   D   Y   Fair Market Value <b>1   1   0   5   1   9   1,626.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" 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
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
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
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
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 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)]