

In-Kind Contributions Received

7787 282

Prescribed by Secretary of State 3/05

Name of Committee in Full Franklin County Democratic Party					
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				
	Owner		Tregoridon i tuni		
Cris Corso/ Spice Lounge	Description of Item or Service		M D	Y Fair Market Value	
Street Address			1022	1 1	
High Street	Venue/Catering		Received at Fund		
_{City} Columbus	State H	Zip Code 43215	YES	NO NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Friends of John O'Grady Committee					
Street Address	Description of Item or Service		M D	Y Fair Market Value	
480 S. Third St.	For	Food/Beverage		0 8 548.41	
City	State	Zip Code	1 0 1 8 Received at Fund		
Columbus	\cap H	43215	✓ YES	NO	
Full Name of Contributor		pation, Labor Organization *	Registration Nun	ber, if PAC	
ruii ivaino oi Contributoi	Dinployer, Occupation, Caboi Organization				
Street Address	Description of Item or Service		M D	Y Fair Market Value	
City	State	Zip Code	Received at Fund		
1.00 miles	****		YES	NO	
Full Name of Contributor	Employer, Occu	pation, 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 Fund	raising Event?	
	F 1 - 0 -	Labor Opposition 8	Registration Nun		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Kegistration Nun	ioci, ii i AC	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
City	State	Zip Code	Received at Fund		
			YES	∐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 Fund	Iraising Event?	
	de caración de la car	V. seeman	YES	NO	
Full Name of Contributor Emplo		imployer, Occupation, Labor Organization *		Registration Number, if PAC	
NAME OF THE PROPERTY OF THE PR					
Street Address Description		tem or Service	M D	Y Fair Market Value	
City	State Zip Code		Received at Fundraising Event? YES 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	
15ti COL 2 Matt COS					
City	State	Zip Code	Received at Fun	draising Event?	
City	State	Inp Code	YES	NO	
8	E 1	1	1 LL 1 LL 1		

^{*} 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)]