## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

| Employer, Occupation, Labor Organization   Part Market Value   | Name of Committee in Full               |  |  |  |   | NAMES OF TAXABLE PARTY OF TAXABLE PARTY. |                      |  |  |
|--|---|--|--|--|---|--|----------------------|--|--|
| Employer, Occupation, Labor Organization   Registration Number, if PAC   |   |  |  |  |   |  |                      |  |  |
| Franklin County Democratic Party   Description of Item or Service   MLK Brunch   D   Y   Pair Market Value   A0.00   |   | Treatment Occupation Labor Occupation & Province in Mumber if PAC  |  |  |   |  |                      |  |  |
| Description of Item or Service   |   | Employer, Occup  | Regionation (value), il F/X              |  |   |  |                      |  |  |
| Address   Addr |   | The state of the s |  | <del>  ,,</del> _  | <u> </u>  | T 37                                     | 172.1 3.4 - 1-4 X7.1 |  |  |
| Sinte   Zip Code   H   43215   Street   Fandraising Event?   No  |   | 1 .  |  | 1  | 1   | 1  |                      |  |  |
| Columbus   |   |  |  |  |   |  |                      |  |  |
| Final Name of Contributor   Employer, Occupation, Labor Organization * A   ACTOTICEYS at LAW   | City                                    |  |  |  |   |  |                      |  |  |
| State   Attorneys at   Law   Description of them or Service   M   D   Y   Fair Market Value   State   State  |   |  |  |  | ON THE OWNER OF THE OWNER OF THE OWNER  |  |                      |  |  |
| Success  | Full Name of Contributor                |  | Registration Number, if PAC              |  |   |  |                      |  |  |
| Description of Item or Service   Description of Item or Service  | Chester, Willcox & Saxbe LLP            | Attorneys at Law   |  |  |   |  |                      |  |  |
| State   Zip Code   Columbus   C | Street Address                          | Description of Item or Service   |  | М  | D   | Y  | Fair Market Value    |  |  |
| State   Zip Code   Columbus   C | 65 E. State St., Suite 1000             | Food & Beverages   |  | 0 2  | 1 1   | 1 0                                      | 1.210.98             |  |  |
| Full Name of Contributor   Employer, Occupation, Labor Organization *   Registration Number, if PAC  |   |  |  |  |   |  |                      |  |  |
| Employer, Occupation, Labor Organization *   Registration Number, if PAC   |   |  |  |  | YES   |  | NO                   |  |  |
| Description of Item or Service   M   D   Y   Fair Market Value   |   |  |  |  |   | her if PA                                |                      |  |  |
| City  State Zip Code Received at Fundraising Event?  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?  Full Name of Contributor  Employer, Occupation, Labor Organization Registration Number, if PAC  City  State Zip Code Received at Fundraising Event?  Full Name of Contributor  Employer, Occupation, Labor Organization Registration Number, if PAC  City  State Zip Code Received at Fundraising Event?  Full Name of Contributor  Employer, Occupation, Labor Organization Registration Number, if PAC  City  State Zip Code Received at Fundraising Event?  YES NO  Registration Number, if PAC  City  State Zip Code Received at Fundraising Event?  YES NO  Full Name of Contributor  Employer, Occupation, Labor Organization Registration Number, if PAC  City  State Zip Code Received at Fundraising Event?  YES NO  Full Name of Contributor  Employer, Occupation, Labor Organization Registration Number, if PAC  City  State Zip Code Received at Fundraising Event?  YES NO  Full Name of Contributor  Employer, Occupation, Labor Organization Registration Number, if PAC  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  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  Description of Item or Service M D Y Fair Market Value  City  State Zip Code Received at Fundraising Event?  YES NO  | run Name of Controltor                  | Employer, Occu   |  |  |   |  |                      |  |  |
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|  | City                                    | State  |  | Received at Fundraising Event?   |   |  |                      |  |  |
|  |   |  | -  |  |   |  |                      |  |  |

<sup>\*</sup> 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)]