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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Friends of O'Grady Committee					
Full Name of Contributor	Employer, Occupati	ion, Labor Organization *	Registration Nu	imber, if PAC	
Ohio Democratic Party			1		
Street Address	Description of Item		M D	Y Fair Market V. lue	
340 East Fulton Street		Postage		7 0 8 1,195.85	
City		Zip Code		ndraising Event?	
Columbus	O H	43215	YES	✓ NO	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization *	Registration Nu	umber, if PAC	
Ohio Democratic Party					
Street Address	Description of Item		M D	Y Fair Market /alue	
340 East Fulton Street	Production Costs			6 0 8 1,171.99	
City		Zip Code		ndraising Event?	
Columbus	0 H	43215	YES	✓ио	
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Ohio Democratic Party					
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
340 East Fulton Street		Postage		6 0 8 1,748.26	
City		Zip Code	· —	ndraising Event?	
Columbus	O H	43215	YES	✓NO	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization *	Registration No	umber, if PAC	
Ohio Democratic Party					
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
340 East Fulton Street	Produ	uction Costs	0 3 0	3 0 8 3,590.16	
City		Zip Code	Received at Fu	ndraising Event?	
Columbus	O H	43215	YES	✓ NO	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization *	Registration No	umber, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market 'alue	
City	State 2	Zip Code	Received at Fu	ndraising Event?	
]-···		•	YES	□NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
			1		
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value	
ľ	•				
City	State	Zip Code	Received at Fu	ndraising Event?	
ľ			YES	NO	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization *	Registration No	umber, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
City	State 2	Zip Code	Received at Fu	ndraising Event?	
1			YES	NO .	
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *		umber, if PAC	
				·	
Street Address	Description of Item	Description of Item or Service		Y Fair Market alue	
İ					
City	State	Zip Code	Received at Fu	ndraising Event?	
			YES	NO	

Page Total \$ 7,706.26

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contribute r 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)]