31-J-1 R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	·						
Franklin County Democratic Party Full Name of Contributor	In	oation, Labor Organization *	In			_	
		Registration Number, if PAC					
Phil Craig	Craig Group		 			·	
Street Address	Description of Item or Service		M	D _i	Y	Fair Market Value	
5490 Heathrow Dr.	Refreshments		1 0				
City	State Zip Code		Received	at Fundr	aising Ev	eni?	
Powell	lo H	43065	1	YES		□NO	
Full Name of Contributor	Employer, Occur	Registrati	on Numl	er, if PA	AC		
Street Address	Description of Ite	М	D	Y	Fair Market Value		
	Description of Real of Service		1	i	l i		
City	State Zip Code		Received at Fundraising Event?				
chy	j	Zip Code	. —		aising Ev		
EDM CC 3				YES		NO -	
Full Name of Contributor	Employer, Occur	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
				Į į			
City	State	Zip Code	Received	at Fundr	aising Ev	rent?	
				YES		□no	
Full Name of Contributor	Employer, Occur	nation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Ite	м	D	Y	Fair Market Value		
	- Total pool of them of out the			Ĩ	ì	1	
City	State Zip Code		Received	at Eurode	nicina Es	2	
City	I	Zap code		YES	arans r.	□×o	
P. 11 Mary 15 Co. 1. Tarres	l l	pation, Labor Organization *			CD.		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
		1			1		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Received		aising Ev		
				YES		∐ио	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
]						
Street Address	Description of Item or Service		М	D	Υ·	Fair Market Value	
				1	1		
City	State	Zip Code	Received	at Fundr	aisine Ev	vent?	
 -,	I			YES		□xo	
Full Name of Contributor	Employer Occur	nation, Labor Organization *			er if DA		
run Name of Contributor	Employer, Occup	Registration Number, if PAC					
0	Description of the second					Inc. No. 1 and	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
			Received at Fundraising Event?				
City	State	Zip Code			aising Ev	_	
			YES NO				
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
	1						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Received	at Fundr	aising Ev	vent?	
			. —	YES	-	No	
	1 !	.1	<u>, – </u>				

Page Total \$ _____286.00

^{*} 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)]