31-J-1	•
R.C. 3517.10)

In-Kind Contributions Received

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				
Friends for Ginther	1 , , ,							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
545 E. Town St.	Venue/Refreshments			0 4	2 3	1 9	3,737.27	
City	State Zip Code			Received at Fundraising Event?				
Columbus		H	43215	√] YES		□no	
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Friends for Ginther								
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
545 E. Town St.	Catering			0 4	2 3	1 9	674.38	
City	S	tate	Zip Code	Received at Fundraising Event?				
Columbus	0	H	43215	V	YES		□no	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Nu					ber, if PA	C	
Street Address	Descrip	tion of Ite	m or Service	M D Y Fair Market Value				
	Безепр	1011 01 110	ar or borvice			1	Tan Market Value	
City	S	tate	Zip Code	Receive	d at Fund	raising Ex	l vent?	
	1 ~		Zap code		YES	uising i	NO	
Full Name of Contributor	Employ	er Occupa	Labor Organization *	Registra		ber if PA		
	Employer, Occupation, Labor Organization Registration Number, if PAC							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
City	State Zip Code		Pagaira	d at Fund	misina Er			
Cny	'	laic 	Zip Code	Kettelve	YES	aising Ev	No	
Full Name of Contributor	Employ	er Occurs	ation I shor Organization *	Registra		her if PA		
an ivalie of Controllor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
5444	Description of item of Service			Ĩ	Î	Tan Market Value		
City	State Zip Code		Received at Fundraising Event?					
			YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration N					ber, if PA		
	ampleyer, companies, sacor organization resident resident, sacre							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	s	tate	Zip Code	Receive	d at Fund	raising Ev	yent?	
•			,		YES		No	
Full Name of Contributor	Employ	er, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	vC	
	1	,	, ,	1		ŕ		
Street Address	Descrip	tion of Ite	m or Service	М	D	Y	Fair Market Value	
	'							
City	S	tate	Zip Code	Receive	d at Fund	raising Ev	vent?	
			1		YES	Ū	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
	1			1				
City	S	tate	Zip Code	Receive	d at Fund	raising Ev	vent?	
	1	İ			YES	-	 МО	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			*					

Page Total \$ 4,411.65

^{*} 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)]