

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Franklin County Democratic Party					
Full Name of Contributor Friends for Ginther		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address 545 E. Town St.		Description of Item or Service Venue/Refreshments		M 0	D 4
City Columbus		State OH		Y 1	Fair Market Value 3,737.27
		Zip Code 43215		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Friends for Ginther		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address 545 E. Town St.		Description of Item or Service Catering		M 0	D 4
City Columbus		State OH		Y 1	Fair Market Value 674.38
		Zip Code 43215		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address		Description of Item or Service		M	D
City		State		Y	Fair Market Value
		Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address		Description of Item or Service		M	D
City		State		Y	Fair Market Value
		Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address		Description of Item or Service		M	D
City		State		Y	Fair Market Value
		Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address		Description of Item or Service		M	D
City		State		Y	Fair Market Value
		Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address		Description of Item or Service		M	D
City		State		Y	Fair Market Value
		Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]