In-Kind Contributions Received

Prescribed by Secretary of State 3/05

N. CG 'W ' P. II			,				
Name of Committee in Full Franklin County Democratic Party							
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Chris Corso		Registration Number, if FAC					
Street Address	Spice Club Description of Item or Service		М	D	Y	Fair Market Value	
511 Park St.	Venue/Food		$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$		0 7		
	State Zip Code						
City Columbus	O H 43215			Received at Fundraising Event? VES 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?			
		Zip code		YES	114101111111111111111111111111111111111	NO	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	ivent?	
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	
City	State	Zip Code	Receive	d at Fund YES	traising E	vent?	
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	Receive	d at Fund	Iraising E		
		Employer, Occupation, Labor Organization *					
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	Received at Fundraising Event? YES NO			
Full Name of Contributor	Employer, Occu	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	
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	vent?	

^{*} 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)]