

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Mentel for Council - Campaign Acct				
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 271 E. State St.		Description of Item or Service Finance Consulting		M D Y Fair Market Value 0 1 1 9 1 1 ☒ 1,000.00
City Columbus		State O	Zip Code H 43215	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	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	Received at Fundraising Event? ☐ YES ☐ NO
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Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? ☐ YES ☐ 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)]

Page Total \$ **1,000.00**