

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

| | | | | |
|---|--|--|--------------------------|---|
| Name of Committee in Full REELECT JUDGE BROWNE! (R/B) | | | | |
| Full Name of Contributor JANIE D. ROBERTS* | Employer, Occupation, Labor Organization * SELF/ ATTORNEY | Registration Number, if PAC | | |
| Street Address 350 S. HIGH ST., STE. 200 | Description of Item or Service FOOD/DRINKS | M 0 | D 5 | Fair Market Value 118.87 |
| City COLUMBUS | State O H | Y 1 | Zip Code 43215 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor JO E. KAISER* | Employer, Occupation, Labor Organization * SELF/ ATTORNEY | Registration Number, if PAC | | |
| Street Address 350 S. HIGH ST., STE. 200 | Description of Item or Service FOOD/DRINKS | M 0 | D 5 | Fair Market Value 153.88 |
| City COLUMBUS | State O H | Y 1 | Zip Code 43215 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor ABE BAHGAT* (ATTORNEY) | Employer, Occupation, Labor Organization * ABE BAHGAT CO. LPA | Registration Number, if PAC | | |
| Street Address 338 S. HIGH ST. | Description of Item or Service FOOD/DRINKS | M 0 | D 6 | Fair Market Value 100.00 |
| City COLUMBUS | State O H | Y 4 | Zip Code 43215 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor UMBERTO A. DEBENEDITTO, JR.* | Employer, Occupation, Labor Organization * UMBERTO DEBENEDITTO | Registration Number, if PAC CO., LPA/ ATTORNEY | | |
| Street Address 350 S. HIGH ST., STE. 200 | Description of Item or Service DRINKS | M 0 | D 5 | Fair Market Value 35.00 |
| City COLUMBUS | State O H | Y 1 | Zip Code 43215 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor ARIA D. SMITH* | Employer, Occupation, Labor Organization * SELF/ ATTORNEY | Registration Number, if PAC | | |
| Street Address 350 S. HIGH ST., STE. 200 | Description of Item or Service DRINKS | M 0 | D 5 | Fair Market Value 35.00 |
| City COLUMBUS | State O H | Y 1 | Zip Code 43215 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor JANICE M. FLOWERS* | Employer, Occupation, Labor Organization * SELF/ ATTORNEY | Registration Number, if PAC | | |
| Street Address 4449 EASTON WAY, FL. 2 | Description of Item or Service DRINKS | M 0 | D 5 | Fair Market Value 35.00 |
| City COLUMBUS | State O H | Y 1 | Zip Code 43219 | 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 | Fair Market Value |
| City | State | Y | 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 | Fair Market Value |
| City | State | Y | 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)]