

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Nelson for Judge				
Full Name of Contributor Frederick D. Nelson		Employer, Occupation, Labor Organization * candidate		Registration Number, if PAC
Street Address 310 S. Stanwood Rd.		Description of Item or Service newspaper ad		M D Y Fair Market Value 1 0 1 6 1 4 112.00
City Bexley		State O H	Zip Code 43209	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Frank Reed		Employer, Occupation, Labor Organization * Frost, Brown, Todd		Registration Number, if PAC
Street Address 310 S. Stanwood Rd.		Description of Item or Service refreshments		M D Y Fair Market Value 1 0 2 6 1 4 101.84
City Bexley		State O H	Zip Code 43209	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Frederick D. Nelson		Employer, Occupation, Labor Organization * candidate		Registration Number, if PAC
Street Address 310 S. Stanwood Rd.		Description of Item or Service advertising		M D Y Fair Market Value 1 0 2 4 1 4 2,500.00
City Bexley		State O H	Zip Code 43209	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Frederick D. Nelson		Employer, Occupation, Labor Organization * candidate		Registration Number, if PAC
Street Address 310 S. Stanwood Rd.		Description of Item or Service advertising		M D Y Fair Market Value 1 2 0 4 1 4 216.22
City		State 	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 Y Fair Market Value
City		State 	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 Y Fair Market Value
City		State 	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 Y Fair Market Value
City		State 	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 Y Fair Market Value
City		State 	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)]