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R	C	3517	10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Barrows for Judge							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kegler Brown Hill & Ritter				γ····································		P648	
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
65 East State St Suite 1800	Reception		0 8	1 9	0 9	<u> </u>	66.12
City	State	Zip Code	Received	at Fundr	aising Ev	ent?	
Columbus	\cap H	43215		YES		NO	
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	
Street Address							
/2).	State	Zip Code	Receiver	d at Fundi	aising Fy	vent ⁹	
City	State	Lip Code	1.000170	YES	atomis L'	NO NO	
		I die Valen On in the S	Do		or if DA		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
				1 75	1 37	175-1- X 4 - 3 4 X 7-1	
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	
				<u> </u>	<u> </u>	<u> </u>	
City	State	Zip Code	Receive	d at Fundi	raising E	F3	
				YES		NO	***********************
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	AC	
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	
Direct Anna Con				.			
Cit.	State	Zip Code	Receive	d at Fund	raising E	vent?	
City				YES	-	NO	
Y WAL OF CONTRACTOR	Employer Occ	upation, Labor Organization *	Registra	tion Num	ber, if P/		
Full Name of Contributor	Employer, Occi	aparent, encor organization	1		, . , . , ,		
	Description of I	tom or Service	 M	T D	Y	Fair Market Value	
Street Address	Description of I	TOTAL OF SCIVICE	141		'.	I an interior raido	
		17: 0.1	n.	d at P	L	L vont?	
City	State	Zip Code	Keceive	d at Fund	raising E	·	
				YES		∐NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	
N. Constant							
City	State	Zip Code	Receive	d at Fund	lraising E	ivent?	
	2000] YES		NO	
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registra	ation Nun	ber, if P.	AC	
Tan Tan Or Common	' ' ' ' ' '		-				
Street Address	Description of	tem or Service	М	D	ΙΥ	Fair Market Value	
Succe Address	Description of	3. 00.,,,00		1			
	Stoto	Zip Code	Receive	d at Fund	lraising F	L event?	
City	State	Zip Code	Treceive	YES	amonig E	NO	
			l L		don it t		**************************************
ull Name of Contributor Employer, Occupation, Labor Organiza		upation, Labor Organization *	* Registration Number, if PAC				
				<u> </u>		15.7.37.37.37.3	
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value	:
B1000000					<u></u>		
City	State	Zip Code	Receive	ed at Func	traising E	·	
	20-1743			YES		NO	
	water the second		DECORPORATION OF THE PERSON OF		······		

Page Total \$	66.12

^{*} 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)]