

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full						· · · · · · · · · · · · · · · · · · ·		
Judge Anne Taylor Committee								
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Kegler, Brown, Hill & Ritter				CP648				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
65 E. State Street, Suite 1800	food & refreshments		0 8	1 9	0 9	)	66.12	
City	State Zip Code		Received at Fundraising Event?					
Columbus	OHI 43215			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?				
Cally Cally				YES		NO		
Full Name of Contributor	Employer, Occ	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	draising	Event?		
		•	1	YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
, an rame of controlled								
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value	·····	
on our realist					1			
City	State	Zip Code	Receive	d at Fun	draising	Event?	***************************************	
•		1		YES	-	NO		
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	ation Nu	nber, if			
Street Address	Description of Item or Service		Тм	D	Y	Fair Market Value		
Succi / Maires								
City	State	Zip Code	Receive	d at Fun	draisine	Event?		
City	J. State	Zip code	1	YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
run Name of Controllor	Employer, Occupation, Easter Organization		Registration Number, 1177C					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
Street Address	Description of hem of service		1 "		Li	Tun market value		
Ci.	State	Zip Code	Peceive	ed at Fun-	draicina	Event?		
City	State	zap Code	Receive	YES	cii a i a i i i g	NO NO		
75 H.M CO - 4 13 - 44	Employer Occ	westion Labor Overnigation *	Panietro		nhar if			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Chroat Address	Description of Item or Service		М	D	Y	Fair Market Value		
Street Address	Description of item of Service		ivi		'	Tan Warket Vasae		
C:	Cunta	Zin Codo	Rogaine	d at Fun	draicina	Erront?		
City	State Zip Code		Received at Fundraising Event?					
				YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
			<del>  ,</del>	1 5	1	15 - 57 51 -		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
					<u> </u>			
City	State Zip Code			Received at Fundraising Event?				
				YES	eccepture control control	NO		

Page Total \$ 66.12

<sup>\*</sup> 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)]