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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

N		
Name of Committee in Full Judge Cocroft Committee		
Full Name of Contributor	Employer, Occupation, Labor Organization	1 * Registration Number, if PAC
Denise La Pointe	Employer, Occupation, Euror Organization	Acquition values, if I Ac
Street Address	Description of Item or Service	M D Y Fair Market Value
306 E. Fulton Street	Food/Beverage	018 015 110 140.00
City	State Zip Code	Received at Fundraising Event?
Columbus	O H 43215	✓ YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
David Brown		,
Street Address	Description of Item or Service	M D Y Fair Market Value
1480 Dublin Road	Food/Beverage	$1 \mid 0 \mid 0 \mid 6 \mid 1 \mid 0$ 245.50
City	State Zip Code	Received at Fundraising Event?
Columbus	O H 43215	✓ YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	1	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?
		YESNO
Full Name of Contributor	Employer, Occupation, Labor Organization	* Registration Number, if PAC
1.00		
Street Address	Description of Item or Service	M D Y Fair Market Value
0:	The second	
City	State Zip Code	Received at Fundraising Event?
F. H.M		
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
Co A 11	D 61 6	A D V F M L V
Street Address	Description of Item or Service	M D Y Fair Market Value
ci	State Zip Code	Received at Fundraising Event?
City	State Zip Code	YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
run Name of Controllor	Employer, Occupation, Labor Organization	Registration Number, it PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
ancer reduces	Description of item of service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
Cny	Siace Zip Code	YES NO
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Page Total S 385.50

^{*} 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)]