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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		
BEATTY FOR JUDGE		
Full Name of Contributor	Employer, Occupation, Labor Orga	nization * Registration Number, if PAC
See attached spreadsheet	, , , , , , , , , , , , , , , , , , , ,	
Street Address	Description of Item or Service	M D Y Fair Market Value
Succe Address	Description of Rein of Service	ivi D i i i i i i i i i i i i i i i i i
City	State Zip Code	Received at Fundraising Event?
		☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Labor Orga	nization * 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 Orga	
and the state of Control of the state of the	Employer, Occupation, Labor Orga	inzation registration remisser, it is re-
Street Address	D. C. C.	N B V E V I I V I
Sueet 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 Orga	nization * 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?
	State Stip code	YES NO
Full Name of Contributor	Frankrica Constant Life C	
t an ivalic of Contributor	Employer, Occupation, Labor Orga	nization * 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?
	<u> </u>	☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Labor Orga	nization * 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?
	Jane Zap Code	YES NO
Full Name of Contributor	Production of 11 o	
t an Name of Controllion	Employer, Occupation, Labor Orga	nization * 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?
	<u> </u>	☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Labor Orga	nization * Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
	Saletypian of them of our file	
City	State 7:- C-1-	Received at Fundraising Event?
erry F	State Zip Code	<u> </u>
· · · · · · · · · · · · · · · · · · ·	. 1	☐ YES ☐ NO

<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)]