## **In-Kind Contributions Received**

Page 1

Prescribed by Secretary of State 03/05

| Name of Committee in Full<br>Judge Sheward Committee       |  |  | mt 1 secretary green and a secretary secretary secretary secretary secretary secretary secretary secretary sec |                     |
|--|--|--|--|---------------------|
| Full Name of Contributor<br>Kegler Brown Hill & Ritter PAC | Employer, Occupation, Labor Organization*                              |  | Registration Number, if PAC CP648  |                     |
| Street Address 65 East State St., Ste. 1800                | Description of Item or Service Reception Catering                      |  | M D 3  | ] }                 |
| City Columbus  | State<br>OH  | Zip Code<br>43215  | Received at Fundraising Event?  OYES  NO   |                     |
| Full Name of Contributor                                   | Employer, Occupation, Labor Organization*                              |  | Registration Number, if PAC  |                     |
| Street Address   | Description of Item or Service   |  | M D N  |                     |
| City   | State<br>OH  | Zip Code   | Received at Fundrais  OYES   | O NO                |
| Full Name of Contributor                                   | Employer, Occupation, Labor Organization*  Registration Number, if PAC |  |  |                     |
| Street Address   | Description of Item  | or Service   |  | Fair Market Value   |
| City   | Sta te   | Zip Code   | Received at Fundraising Event?  OYES  NO   |                     |
| Full Name of Contributor                                   | Employer, Occupat  | ion, Labor Organization*   | Registration Number, if PAC  |                     |
| Street Address   | Description of Item  | or Service   | M D Y Fair Market Value  |                     |
| City   | Sta te<br>OH   | Zip Code   | Received at Fundraising Event?  OYES  NO   |                     |
| Full Name of Contributor                                   |  |  | Registration Number  | , if PAC            |
| Street Address   | Description of Item or Service   |  |  | Y Fair Market Value |
| City   | Stal te<br>OH  | Zip Code   | Received at Fundraising Event?  OYES  NO   |                     |
| Full Name of Contributor                                   | Employer, Occupat  | ion, Labor Organization*   | Registration Number, if PAC  |                     |
| Street Address   | Description of Item or Service   |  | M D  | Y Fair Market Value |
| City   | State<br>OH  | Zip Code   | Received at Fundraising Event?  O YES  NO  |                     |
| Full Name of Contributor                                   | Employer, Occupat  | Employer, Occupation, Labor Organization*  Registration Number, if PAC |  | , if PAC            |
| Street Address   | Description of Item or Service   |  | M D  | Y Fair Market Value |
| City   | State<br>OH  | Zip Code   | Received at Fundraising Event?  OYES  NO   |                     |
| Full Name of Contributor                                   | Employer, Occupat  | Employer, Occupation, Labor Organization*  Registration Number, if PAC |  |                     |
| Street Address   | Description of Item or Service   |  | M D  | Y Fair Market Value |
| City   | Sta te<br>OH   | Zip Code   | Received at Fundrais  OYES   | ing Event?          |

| * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employ | ed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]                                |                                    |
|  |                                    |
|  | 1                                  |

Page Total \$23.25