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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

N							
Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor	Employer Organ	action I shor Ossaniantia *	In . :	.: NI	100	• • • • • • • • • • • • • • • • • • • •	
SALLIE GIBSON	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Item or Service			D	Y	Fair Market Value	
1067 FRANKLIN AVE.	FOOD/INVITATIONS		$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$		10	)	
City	State Zip Code		Received at Fundraising Event?				
COLUMBUS	$O \mid H$	43205	1			□NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Street Address	Description of Item or Service		М	Ð	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		□NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	ivent?	
		, ·		YES		NO	
Full Name of Contributor				tion Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occur	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES	_	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
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	Receive	d at Fund YES	raising E	vent?	
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	Receive	l at Fund	raising E	vent?	
	<u> </u>	<u>L</u>		YES		□no	

Page Total \$	320.00
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<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)]