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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						Spiritual and spiritual strategic and spiritual strate	Name and Publisher of the Publisher of t	
Serrott for Judge Committee								
Full Name of Contributor	Employer Occur	oation, Labor Organization *	Desistation Number if DAC					
Kegler, Brown, Hill, & Ritter	Employer, Occup	Registration Number, if PAC CP648						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
65 East State Street	Barrows for Judge Cmtee		1				28.37	
City	State Zip Code		0 5 0 5 1 0 28.37 Received at Fundraising Event?					
Columbus, OH	O H 43215			YES		✓ NO		
Full Name of Contributor	งารที่เกล่าสารที่คองรอกของคนหมายคายคายคายคายคาย	oation, Labor Organization *	Registration Number, if PAC					
		-						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		

City	State	Zip Code	Receive	d at Fund	raising Ev	vent?		
				YES		∐NO		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value		
				<u> </u>				
City	State	Zip Code	Receive	1	raising E			
				YES		∐NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
	- AX		 	T	1			
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value		
C:	Gr. /	7. 6.1	<u> </u>	1 1	raising E	1	····	
City	State	Zip Code	Receive	YES	raising Ev	NO NO		
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Pagistra		hor if DA		anniaa yy y chilyin y y y y y y y y y y y	
This Name of Controlled	Employer, Occup	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	raising E	vent?		
		^		YES	Ü	NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		

City	State	Zip Code	Receive	d at Fund	raising E	vent?		
				YES		NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	vC		
					-			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
						<u> </u>		
City	State	Zip Code	Receive		raising E			
				YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
	<u> </u>				Y	T		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
			12	<u> </u>	<u></u>	L		
City	State	Zip Code	Receive		raising E			
				YES		NO		

Page Total \$	28.37

^{*} 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)]