3 ] - J - I R.C, 3517.10

## **In-Kind Contributions Received**



Page Total S

Prescribed by Secretary of State 03/05

Name of Committee in Full				
M. Kinley for Judge				
Full Name of Contributor  En niter Crunner	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
35 North Touth Street, Suite 200	Description of Item of Service  EGAL EVULCES		M D Y Fair Market Value 3	
Columbus	Starte,	Zip Code 43215	Received at Fundraisin	g Event?
Full Name of Contributor.	Employer, Occupation, Labor Organization*  Brunner Quinn		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
35 N. Fourth Street, Suite 20	Legal Services		0	
Columbus	07/	43215	l .	S NO
Full Name of Contributor Brunner  Jenniter Brunner	Employer, Occupation, Labor Organization* Drunner Quinn		Registration Number, if PAC	
35. N. Fourth St., Suite 200	Description of Item	or Service VULCQS	M 1 5 1 4 681. 37	
Columbs Calumbs	0 H	Zip Code 43215	Received at Fundraisin	g Event? S 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	Zip Code	Received at Fundraisin  YES	_
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	Sta te	Zip Code	Received at Fundraisin	_
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	Sta te	Zip Code	Received at Fundraisin	g Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*		☐ YES ☐ NO Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y	Fair Market Value
City	Sta te Zip Code		Pageixed or Evendminis	or Event?
Cny	Sia ic Zip Code		Received at Fundraising Event?  YES UNO	
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	Sta te	Zip Code	Received at Fundraisin	g Event?

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, 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)]