

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
McKinley for Judge			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Jennifer Brunner	Brunner Quinn		
Street Address	Description of Item or Service	M	D Y Fair Market Value
35 North Fourth Street, Suite 200	Legal Services	011	1514 2,122. ⁰³
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Jennifer Brunner	Brunner Quinn		
Street Address	Description of Item or Service	M	D Y Fair Market Value
35 N. Fourth Street, Suite 200	Legal Services	011	1514 676. ⁵⁰
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Jennifer Brunner	Brunner Quinn		
Street Address	Description of Item or Service	M	D Y Fair Market Value
35 N. Fourth St., Suite 200	Legal Services	011	1514 681. ³⁷
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]

3529.90
Page Total \$