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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		MINISTER CONTRACTOR							
REELECT JUDGE BROWNE! (RJB)									
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
JON SAIA									
Street Address	Description of Item or Service			М	D	Y	Fair Market Val	ue	
713 S. FRONT ST.	SUPPLIED FOOD/DRINKS			0 3	0 4	1 0		518.80	
City	State Zip Code				at Fundr				
COLUMBUS	1	ΗΙ	43206		YES		NO		
Full Name of Contributor	Andrew Commencer	AMERICAN PROPERTY.	tion, Labor Organization *	Registration Number, if PAC					
FRIEDMAN & MIRMAN, CO., LPA	BY WILLIAM FRIEDMAN								
Street Address	Description of Item or Service			M	D	Y	Fair Market Val	ue	
1320 DUBLIN ROAD, STE. 101	UPPLIED ENTERTAINMEN			$0 \mid 4$	3			592.88	
City	State		Zip Code	Received at Fundraising Event?					
	1	н	43215		YES	uising 2	NO		
COLUMBUS						Lan ICDA			
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
GROSSMAN LAW OFFICES, LPA			REW GROSSMAN						
Street Address	Description			M	D	Y	Fair Market Val		
32 W. HOSTER AVE., STE. 100			D FOOD/DRINKS	0 4			<u></u>	592.88	
City	State		Zip Code		d at Fundi	raising Ev	[]		
COLUMBUS	al al annual de la companya de la co	H	43215	L		indentament of the	[_]NO		
Full Name of Contributor	Employer, C	ccupa	tion, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Item or Service			M	D	Y	Fair Market Val	ue	
							1		
City	State		Zip Code	Receive	d at Fundi	raising Ev	vent?		
					YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Street Address	Description	Description of Item or Service			D	Y	Fair Market Va	ue	
City	State		Zip Code	Receive	d at Fund	raising E	vent'?		
- City					YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
run Name of Contributor	Employer, C	coupe	ition, baoor organization	Tregistration reasons, with the second secon					
Constabilities	Description of Item or Service			М	D	Y	Fair Market Va	lue	
Street Address	Description of frem of Service			l '''i	ľ	1 1	l'an market va	, a c	
0.	Ctata		7:- C. I.	Pagaiya	d at Fund	roicina E	Vent?		
City	State		Zip Code	Receive	YES	raising E	NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
				ļ	· -	1	T		
Street Address	Description of Item or Service			М	D	Y	Fair Market Va	lue	
City	State		Zip Code	Receive	d at Fund	raising E	F		
			YES NO						
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service			М	D	Y	Fair Market Va	lue	
City	State Zip Code			Received at Fundraising Event?					
·] YES		□NO		

^{*} 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)]