31-J-1	
R.C. 3517.1	(

In-Kind Contributions Received

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Page	
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Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE TO ELECT	NORM	BRUSK					
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
BRUSK & BRUSK ATTORNEYS		•	registration runner, it FAC				
Street Address	Description of Item or Service		M	D	T	Λ F:	air Market Value
1861 CRUSSWICK COURT	ENVELOPES, STAMPS, PAPER		04	101	<i>[]</i>	5	61.00
City	Sta te	Zip Code		ed at Fur			
REYNOLDSBURG	OH	43068	f	☐ YES 🕱 NO			
Full Name of Contributor	Employer, Occup:	ation, Labor Organization*	Registration Number, if PAC				
	}					*-	
Street Address	Description of Item or Service		M	TD		F	air Market Value
	1						
City	Sta te	Zîp Code	Receive	ed at Fur	<u>l</u> ndraisi	ng Ever	nt?
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	YES NO Registration Number, if PAC				
Street Address	Description of Iten	n or Service	M	TD	T	Fz	ur Market Value
							41 17010
City	Sta te	Zip Code	Receive	d at Fun	 1draisi	ng Ever	ıt?
			□ YE			□ NO	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*		ation Nu)
Street Address	Description of Item	a or Service	M D Y Fair Market Value				ir Market Value
City	Sta te	Zip Code	Receive	d at Fun	ıdraisir	ng Even	a?
			□ YE				
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC			<u>, </u>			
Street Address	Description of Item or Service		M	TD	Y	Fa	ir Market Value
	•						
City	Sta te	Zip Code	Receive	d at Fun	draisir	ng Even	t?
			□ YES □ NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fa	ir Market Value
	<u> </u>						
City	Sta te	Zip Code	Receive	d at Fun	draisin	ıg Even	t?
			☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*					
		_					
Street Address	Description of Item or Service		М	D	Y	Fai	ir Market Value
			. 1				
				1	1 }		
City	Sta te	Zip Code	Receive	d at Fund	draisin	g Event	?
	Sta te		Received			ng Event	
City Full Name of Contributor	Sta te			S	1	- □ ко	
Full Name of Contributor	Sta te	tion, Labor Organization*	O YES	S	1	- □ ко	
	Sta te	tion, Labor Organization*	O YES	S	1	□ NO f PAC	
Full Name of Contributor Street Address	Sta te	tion, Labor Organization*	☐ YES	S tion Nur	mber, i	□ NO f PAC	
Full Name of Contributor	Sta te	tion, Labor Organization* or Service	☐ YES	S tion Num	mber, i	□ NO f PAC	r Market Value

* 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)]

Page Total \$ 6/.00