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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
leffrey M. Brown for Judge					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Parietzation Number (#DAC		
Kooperman Mentel Ferguson Yaroos	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
100 S. 4th St.		Food/Drink Expenses		0 6 0 9 1 6 778.72	
City	State			Received at Fundraising Event?	
Columbus	OH	43215	✓ YES	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Rita Brown					
Street Address	Description of Item or Service		M D	Y Fair Market Value	
126 Aldrich Rd.	Food/	Food/Drink Expenses		<u>3 1 6 340.00</u>	
City	State	Zip Code	Received at Fun	· _	
Columbus	O H	43214	✓ YES	Ljno	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC			mber, if PAC	
Joslyn Law Firm, LLC			M D		
Street Address		Description of Item or Service		Y Fair Market Value	
501 S. High St.		Drink Expenses	017 216		
City	State	Zip Code	Received at Fun	` _	
Columbus	<u>O H</u>	43215	✓ YES	NO	
Full Name of Contributor	Employer, Occup	oation. Labor Organization *	Registration Nu	mber, if PAC	
Crabbe Brown James			M D		
Street Address		Description of Item or Service		Y Fair Market Value	
500 S. Front St.	Food/Drink Expenses		0 9 2 7 1 6 1,176.00 Received at Fundraising Event?		
City	State	Zip Code	Received at Fun	·	
Columbus	O + H	43215	<u></u>	No	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Nu	mber, if PAC	
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value	
.City	State	Zip Code	Received at Fun	draising Event?	
			YES	□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	
			<u> </u>		
City	State	Zip Code	Received at Fun	` 1	
B. H. S. C.		1	YES	No	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Sandas		M D	Y Fair Market Value	
Succi Audiess	Locsemption of Ite	Description of Item or Service		ran watker value	
City	State	Zip Code	Received at Fun	draising Event?	
			YES	NO NO	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value	
City	State	Zip Code		draising Event?	
			YES	LNO	

^{*} 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)]