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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Hummer for Judge Committee								
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Mark Vannatta								
Street Address	Description of Iter	М	D	Y	Fair Market Value			
2170 Waltham Rd.	Food	0 8	2 8	0   9	400.00			
City	State	Received at Fundraising Event?						
Columbus	OH	43221		YES		NO		
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrat	ion Num	ber, if P	PAC		
John Bentine								
Street Address	Description of Ite	M	D	Y	Fair Market Value			
1880 Arlington Ave.		Food & Beverages			0   9			
City	i .	Zip Code	Received		aising I			
Columbus	O H	43212		YES		NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if P	PAC		
Lori Bentine					·····			
Street Address	Description of Ite		М	D	Y	Fair Market Value		
1880 Arlington Ave.		& Beverages		0 9				
City	State	Zip Code		l at Fundi	raising I			
Columbus	$O \mid H$	43212		YES		NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if F	PAC		
Patti Dunn			<u> </u>		1			
Street Address	Description of Ite	M	D	Y	Fair Market Value			
6821 Ravine Circle		& Beverages	0 9		0 9			
City	State	Zip Code		l at Fundi	raising l	processing		
Worthington	$O \mid H$	43085		YES		L_NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	tion Num	ber, if I	PAC		
John Raphael					1			
Street Address	Description of Ite		M	D	Y	Fair Market Value		
444 S. Front St.		l & Beverages	1 0	1 4 1 at Fund	0 9	9 325.00		
City	State	Zip Code		1 at Fund YES	raising l	Event?		
Columbus	$O \mid H$	43215			1 : C T	Lamand		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	* Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
	•							
City	State	Zip Code	Received	d at Fund	raising l	Event?		
				YES		NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if I	PAC		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising .	Event?		
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
Butter radioss	2 complian of the	0. 201100	M					
City	State	Zip Code	Receive	d at Fund	raising	Event?		
				YES		NO		
1	1			,		toward.		

<sup>\*</sup> 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)]