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R.	C.	35	17.	10

## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

me of Committee in Full					
Committee To Re-Elect Judge Maynard	E-alouer Ocean	pation, Labor Organization*	Registration Number, if PAC		
Name of Contributor	Employer, Occi	panon, same organization			
aguire &Schneider,L.L.P.	Description of Item or Service		M D Y Fair Market Value		
et Address				00.00	
50 Civic Center Drive, Suite 500	Food for Fundraiser		Received at Fundraising Event?		
	Stalte	Zip Code	_		
olumbus	OH	43215	OYES ONO		
Name of Contributor	Employer, Occa	ipation, Labor Organization*	Registration Number, if PAC		
et Address	Description of Item or Service		M D Y Fair	Market Value	
y	Sta te	Zip Code	Received at Fundraising Event	1	
	OH		OYES ONO		
	Employer, Occ	upation, Labor Organization*	Registration Number, if PAC		
Name of Contributor		•			
· · · · · · · · · · · · · · · · · · ·	Description of I	tem or Service	M D Y Fair	Market Value	
eet Address	Description of t				
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y	State	Zip Code			
	OH		Registration Number, if PAC		
Name of Contributor	Employer, Occ	upation, Labor Organization*	Registration Number, 11 1700		
				Market Value	
ect Address	Description of	Item or Service	M D Y rai	Market value	
	Sta te	Zip Code	Received at Fundraising Event	?	
y.	ОН		OYES ONO		
ll Name of Contributor	Employer, Oct	cupation, Labor Organization*	Registration Number, if PAC		
Il Name of Controllor				_	
<u></u>	Description of Item or Service		M D Y Fa	r Market Value	
reet Address					
	Sta te	Zip Code	Received at Fundraising Even	1?	
ty	OH Zipcodi				
	1 .	Labor Opposite tion	Registration Number, if PAC		
all Name of Contributor	Employer, Oc	cupation, Labor Organization*	Registration		
			TO ME	ir Market Value	
reet Address	Description of Item or Service		M D Y Fa	II WILLIAM TELES	
	1			.0	
ity	Sta te	Zip Code	Received at Fundraising Ever	itr	
<del>""</del>	OH		O YES O NO	)	
ull Name of Contributor	Employer, Oc	cupation, Labor Organization*	Registration Number, if PAC		
fill valie of Contributor	1				
	Description of	f Item or Service	M D Y F	uir Market Value	
treet Address					
	State	Zip Code	Received at Fundraising Ever	at?	
City	OH		OYES O NO		
	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
ull Name of Contributor	Employer, O	ссирации, слиот Огданилион			
			M D Y F	air Market Value	
Street Address	Description of Item or Service		M D Y		
City	Sta te	Zip Code	Received at Fundraising Eve		
	) OH	4	OYES ON		

Page Total \$300.00

<sup>\*</sup> 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)]