## Page 14

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·						
Jay Perez for Judge Committee								
Full Name of Contributor	Employer, Occupation, Labor Organization *		In sector	In a start of the New London Start of the Co				
	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
William Brundige Street Address	Decembring of Item on Coming		+	T	1 17	In a section water	<del></del>	
	Description of Item or Service		M	D	Y	Fair Market Value		
1199 W First Ave	State Zip Code			0 9 1 1 0 6 250.00				
Calumalana	State	Received at Fundraising Event?						
Columbus		O H 43212						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Paul Panzera			_					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
1565 Fifth Ave	food		0 8	2 9	0	6	75.00	
City	State	Received at Fundraising Event?						
Columbus	O  H	43212	<b>✓</b>	YES		□NO		
Full Name of Contributor	Employer, Occi	Registration Number, if PAC						
·	ļ							
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	•	
	Description of from or deliving		M					
City	State Zip Code		Receive	d at Fund	raising	Fvent?		
,,	State	zip code		YES	ıaısıng	NO		
Full Name of Contributor	Employer Occu	notion Labor Organization *	Pagistro		hor if	-	<del></del>	
run ivane of Contributor	Employer, Occo	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Ctt A 13	Description of Item on Coming		<del></del>	1 5	<del>- 1.</del>	In the second second		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
	<del></del>	1			$\sqcup$		<u>-</u>	
City	State	Zip Code	Receive	d at Fund	raising			
			L.	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		
City	State	Zip Code	Receive	d at Fund	raising	Event?		
	l i			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 Value		
				_ 	Ιī			
City	State	Zip Code	Received	l at Fundi	gieina	Event?		
City	State	Zip Code		YES	aionig	NO		
Full Name of Contributor	Elavar Osav		D - cictor		:01			
ruii 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 Fundraising Event?					
			U YES UNO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
			1					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
5.000								
City	State	Zip Code	Received	at Fundr	aisino	Event?		
City	State	Zip Code		YES	шышь	NO		
		<u></u>		1 EO				

Page Total \$ 325.00

<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)]