In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

N					
Name of Committee in Full Committee for Kim Brown for Judge					
Committee for Kim Brown for Judge					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
David C Watson, Jr.	Attorney				
Street Address	Description of Item or Service		M D Y Fair Market Value		
503 South Front Street	Venue, Food and Beverage for fundraiser		0 2 2 8 1 3 \$250.00		
City	Sta te	Zip Code	Received at Fundraising Event?		
Columbus	OH	43215			
			O YES O 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	Sta te	Zip Code	Received at Fundraising Event?		
	ОН		-		
F. H.M	! <u></u>	11.0	OYES ONO		
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	Received at Fundraising Event?		
•	ОН		0.10		
Full Name of Contributor	4	tion, Labor Organization*	Registration Number, if PAC		
run Name of Contributor	Emproyer, Occupa	tion, Cabot Organization	Registration Number, II FAC		
Street Address	Description of Item	or Service	M D Y Fair Market Value		
	l				
City	State	Zip Code	Received at Fundraising Event?		
•	ОН		0.00		
Full Name of Contributor		tion, Labor Organization*	O YES O NO Registration Number, if PAC		
rui Name of Contributor	Employer, Occupa	tion, Labor Organization	Registration Number, It FAC		
Street Address	Description of Item	or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?		
	OH		OYES ONO		
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC		
	D		M D Y Fair Market Value		
Street Address	Description of Item	i of Service	Tan Market value		
City	Stal te	Zip Code	Received at Fundraising Event?		
	OH.		O YES O NO		
Full Name of Contributor	Employer, Occupa	ttion, Labor Organization*	Registration Number, if PAC		
			1		
0	Description of Item	or Service	M D Y Fair Market Value		
Street Address	Description of near	1 of Service	A A A A A A A A A A		
City	Stalte	Zip Code	Received at Fundraising Event?		
	OH		OYES O NO		
Full Name of Contributor	Employer, Occupa	stion, Labor Organization*	Registration Number, if PAC		
	- 7 - 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7				
Sweet Address	Description of Iten	n or Service	M D Y Fair Market Value		
Street Address	Description of Ren	. 0. 541100			
			- 		
City	Starte	Zip Code	Received at Fundraising Event?		
	ОН		OYES O NO		

Page Total \$250.00

^{*} 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)]