Page	8	*****
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Ieffrev M. Brown for Judge Committee						
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Crabbe Brown & James	!	·				
Street Address	1 '	Description of Item or Service		Y Fair Market Value		
500 S. Front St.	Val	Valet Parking Fee		1 6 242.00		
City	State	State Zip Code		Received at Fundraising Event?		
Columbus	OH	43215	✓ YES	Ыvo		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC			
Crabbe Brown & James						
Street Address	Description of I	Description of Item or Service		Y Fair Market Value		
500 S. Front St.		Food & Beverage Cost		1 6 500.00		
City	State			0 3 3 1 1 6 500.00 Received at Fundraising Event?		
Columbus	OH	43215	YES	No		
Full Name of Contributor		pation, Labor Organization *				
ran Name of Controduct	Employer, Occi	ipation, Labor Organization	Registration Num	Registration Number, if PAC		
Street Address	Description of I	tem or Service	M D	Y Fair Market Value		
•	Bestiphon of item of Berries					
City	State	State Zip Code		raising Event?		
		Lip code	YES	No		
Full Name of Contributor	Employer Occ	parties I abor Organization #				
real 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 Funda	rising Event?		
5.1 ,	l i		YES	No		
Full Name of Contributor	Employer, Occupation, Labor Organization *		+			
Tan Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Item or Service		M D	Y Fair Market Value		
onet riddes						
Cin.	C	Zin Code	Received at Funds	i i i		
City	State	Zip Code	_	· · · · · · · · · · · · · · · · · · ·		
	1 1			YESNO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Num	Registration Number, if PAC		
	<u> </u>		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Street Address	Description of Item or Service		M D	Y Fair Market Value		
City	State	Zip Code	Received at Funds	raising Event?		
	11		YES	ои		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Num	ber, if PAC		
	1		1			
Street Address	Description of Item or Service		M D	Y Fair Market Value		
			1 1 1	l		
City	State	Zip Code	Received at Funda	raising Event?		
- ,	1		YES	No		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC		
in trans of Computer	Laployer, Occi	Employer, Occupation, Eabor Organization (Regi		ou, 11 1 1 c		
Street Address	Description of Item or Service		M D	Y Fair Market Value		
				1 1		
City	State	Zip Code	Received at Funds	raising Event?		
			YES	NO NO		
	1 1					

Page Total \$ 742.00

^{*} 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)]