31	J-1	
RC	3517	10

In-Kind Contributions Received

Page		
Page		
Page		
	Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full JUDGE COCROFT COMMITEE		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
KEGLER BROWN HILL & RITTER		
Street Address	Description of Item or Service	M D Y Fair Market Value
Street Address 65 E. STATE STREET	RECEPTION EXPS	0 5 0 5 1 0 \$28.37
	State Zip Code	Received at Fundraising Event?
City 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	State Zip Code	Received at Fundraising Event?
	ОН	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	State Zip Code	Received at Fundraising Event?
	ОН	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?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of Item or Service	an istance value
	Stal te Zip Code	Received at Fundraising Event?
City	Stal te Zip Code	
	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Employer, Occapation, Eagon Organization	G
	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of item of out vice	
C'	Sta te Zip Code	Received at Fundraising Event?
City	OH Zip Code	_
Tall Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Suprey St, Companion, Super Seguinarion	
Chroat Addrson	Description of Item or Service	M D Y Fair Market Value
Street Address	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
City	State Zip Code	Received at Fundraising Event?
City	OH 250	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Fan Name of Conditionor	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Street Address	Description of Item or Service	M D Y Fair Market Value
Super Address		
City	State Zip Code	Received at Fundraising Event?
City		1
-	OH	Oyes O NO

Page Total \$28.37

^{*} 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)]