

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Chris Brown for Judge			
Full Name of Contributor SMD Bail Bonds	Employer, Occupation, Labor Organization* Bail Bonds	Registration Number, if PAC	
Street Address 571 S. High St.	Description of Item or Service Social Event - Food and Drink	M D Y 1 2 1	Fair Market Value \$600.00
City Columbus	State Zip Code OH 43205	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Jeffrey Lewis	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 4474 Summit Ridge Dr.	Description of Item or Service Social Event - Food and Drink	M D Y 0 2 2	Fair Market Value \$600.00
City Columbus	State Zip Code OH 43220	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> 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 OH	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

* 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)]

Page Total **\$1,200.00**