

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Jason T Brown</b>							
Full Name of Contributor <b>Alyssa A Brown</b>					Registration Number, if PAC		
Street Address <b>3737 Leap Road</b>		Employer/Occupation/Labor Organization* <b>Cardinal Health</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>Alyssa A Brown</b>					Registration Number, if PAC		
Street Address <b>3737 Leap Road</b>		Employer/Occupation/Labor Organization* <b>Cardinal Health</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$400.00</b>	
Full Name of Contributor <b>Alyssa A Brown</b>					Registration Number, if PAC		
Street Address <b>3737 Leap Road</b>		Employer/Occupation/Labor Organization* <b>Cardinal Health</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>\$200.00</b>	
Full Name of Contributor <b>Alyssa A Brown</b>					Registration Number, if PAC		
Street Address <b>3737 Leap Road</b>		Employer/Occupation/Labor Organization* <b>Cardinal Health</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$200.00</b>	
Full Name of Contributor <b>Alyssa A Brown</b>					Registration Number, if PAC		
Street Address <b>3737 Leap Road</b>		Employer/Occupation/Labor Organization* <b>Cardinal Health</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$60.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	

\* 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 also appear. [R.C. 3517.10(B)(4)]