

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown			
Full Name of Contributor William H. Woods	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.	Description of Item or Service endorsement stamp	M D Y 0 5 1 5 0 6	Fair Market Value 16.00
City Columbus	State Zip Code O h 43235	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Todd Kleismit	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 101 Breevort	Description of Item or Service host 7/29 fundraiser	M D Y 0 7 2 9 0 6	Fair Market Value 200.00
City Columbus	State Zip Code O h 43214	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Don Klco	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 225 E. North Broadway	Description of Item or Service 10/16 fundraiser	M D Y 1 0 1 6 0 6	Fair Market Value 150.00
City Columbus	State Zip Code O h 43214	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Barb and Si Sokol	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2346 Fishinger	Description of Item or Service 8/24 fundraiser	M D Y 0 8 2 4 0 6	Fair Market Value 1,000.00
City Upper Arlington	State Zip Code O h 43221	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Laura Stehle	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2573 Quarry Lake Dr.	Description of Item or Service 8/23 fundraiser	M D Y 0 8 2 3 0 6	Fair Market Value 50.00
City Columbus	State Zip Code O h 43204	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]