

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Jason T Brown			
Full Name of Contributor Jason T Brown	Employer, Occupation, Labor Organization* Elford Inc	Registration Number, if PAC	
Street Address 3737 Leap Road	Description of Item or Service Yard Signs	M D Y 1 0 1 9 1 1	Fair Market Value \$448.52
City Hilliard	State OH	Zip Code 43026	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Kris Brown	Employer, Occupation, Labor Organization* Housewife	Registration Number, if PAC	
Street Address 5150 Township Road 96	Description of Item or Service flyers,buttons,pencils,stickers,flags	M D Y 0 9 1 0 1 1	Fair Market Value \$800.00
City Fredericktown	State OH	Zip Code 43019	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Alyssa A Brown	Employer, Occupation, Labor Organization* Cardinal Health	Registration Number, if PAC	
Street Address 3737 Leap Road	Description of Item or Service postcards	M D Y 0 9 0 1 1 1	Fair Market Value \$150.00
City Hilliard	State OH	Zip Code 43026	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Kris Brown	Employer, Occupation, Labor Organization* Housewife	Registration Number, if PAC	
Street Address 5150 Township Road 96	Description of Item or Service Newspaper Ad	M D Y 1 0 2 6 1 1	Fair Market Value \$65.00
City Fredericktown	State OH	Zip Code 43019	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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 \$1,463.52