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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of T   Brown						
Full Name of Contributor	Employer Occupation Labor Occupation *		Renistra	Registration Number, if PAC		
Franklin County Democratic Party	Employer, Occupation, Labor Organization *		/CE SISIII	Registration Number, If PAC		
Street Address	Description of Item or Service		м	D	Τγ	Fair Market Value
545 E. Town St.	Media			1		· ·
City	State	Zip Code		1   0   1   8   1   2   2,000.00		
Columbus	0   1	1 '		YES		☑ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC		
Franklin County Democratic Party		•				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
545 E. Town St.	Media		1110	2 6	$1_{112}$	644.00
City	State	Zip Code		d at Fund		
Columbus		'		YES		✓ NO
Full Name of Contributor		cupation, Labor Organization *	Registra	ation Nun	iber, if P.	АC
Franklin County Democratic Party	1					
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value
545 E. Town St.		Media	110	216	1112	2,500.00
City	State	Zip Code		d at Fund		
Columbus	$O \mid F$	I 43215		YES		☑ NO
Full Name of Contributor	Employer, Occ	cupation, Labor Organization *	Registra	tion Num	ber, if P	ΛC
Franklin County Democratic Party	İ					
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value
545 E. Town St.	Media		110	3   1	1   2	163.33
City	State	Zip Code		d at Fund		
Columbus	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	i '	. —	YES	_	☑ NO
Full Name of Contributor		cupation, Labor Organization *	Registra	tion Num	ber, if P/	۸C
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
City	State	Zip Code	Receive	d at Fund	raising E	vent?
				YES		□ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
			1 1			
City	State	Zip Code	Received	d at Fundi	raising E	vent?
				YES		□ NO
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	tion Num	ber, if P/	۸C
	İ					
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value
City	State	Zip Code	Received	at Fundi	raising E	vent?
			☐ YES ☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	Registration Number, if PAC		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
City	State	Zip Code	Received	at Fundi	aising E	vent?
	$\perp$			YES		□ NO

Page Total \$ 5,307.33

<sup>\*</sup> 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)]