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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

CO IN THE	·	<u>-</u>					_
Name of Committee in Full Friends of Marilyan Brown							
Friends of Marilyn Brown	IE-mployer Occur	oation, Labor Organization *	Pagistration Number if PAC				
Full Name of Contributor	Employer, Occup	ation, Labor Organization	Registration Number, if PAC				
Ohio Democratic Party	D Cr. 0		M	D	Y	Fair Market Value	
Street Address	Description of Item or Service						Λ
271 East State St	Radio Show		1 1 2 1 0 6 40.00				
City	State Zip Code		Receive	Received at Fundraising Event? YES NO			
Columbus	O H	43215	<u> </u>		: :cn		_
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Nun	iber, it P	AC	
Havana				1 =	Т ,,	In	
Street Address	Description of Ite		M	D	Y	Fair Market Value	^
862 North High		ent Expense		0 6			<u>J</u>
City	State	Zip Code		d at Fund	raising E		
Columbus		O H 43215		✓ YES NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	_
	State	Zip Code	Daceive	d at Fund	naining E	vinnt?	
City	State	Zip Code	IKECE1VE	d at Fund YES	raising L	NO NO	
n uar accominitura	Employer Occup	pation, Labor Organization *	Degistra	tion Num	her if P		-
Full Name of Contributor			Regions				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	-
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occup	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	Receive	d at Fund	raising E	vent?	_
***J		'	1 [YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC				
	2						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
Street Address			M		l 1		
City	State	Zip Code	Receive	d at Fund	raising E	vent?	_
City				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				_
run Name of Contributor	Employer, Occupation, Early Organization						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	_
Street Address	Description of Real of Service		'''		ĺ	an Hamilton Fund	
o:	State	Zip Code	Daceive	d at Fund	roising E	Trant?	_
City	State	State Zip Code		Received at Fundraising Event? YES NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Num	her. if P/		_
Full Name of Contributor	Zimpioyor, Occup	Employer, Occupation, Labor Organization *					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	_
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		□NO	

Page Total \$ ____540.00

^{*} 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)]