

In-Kind Contributions Received

Prescribed by Secretary of State 305

Name of Committee or Full				
Committee to Elect James W Brown				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Jen Prindle				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
536 S High St.	copying for fundraiser	10	23	14 63.43
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Havey Samuels				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
500 S. Front St.	Party/fundriaser supplies	10	23	14 300.15
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Rob Washburn				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
225 E. Broad St.	food/beverage for fundraiser	10	23	14 230.04
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Abe Bahgat				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
338 S High St	food	10	17	14 130.00
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43215	<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)]