

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Cain</b>			
Full Name of Contributor <b>SMD/HLS</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>571 S. High St.</b>	Description of Item or Service <b>Food and Beverage for Event</b>	M   D   Y <b>0   5   3   1   0   6</b>	Fair Market Value <b>\$157.80</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor <b>Robert T. Millikin</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>2536 Canterbury Rd.</b>	Description of Item or Service <b>Food and Beverage for Event</b>	M   D   Y <b>0   8   2   0   0   6</b>	Fair Market Value <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor <b>Dale Crawford</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>2295 Concord Village Dr.</b>	Description of Item or Service <b>Beverage for Event</b>	M   D   Y <b>0   8   2   0   0   6</b>	Fair Market Value <b>\$226.96</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
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Street Address	Description of Item or Service	M   D   Y	Fair Market Value
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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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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)]