Page

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Clemens						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Mel Clemens						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
6594 Furth Dr	Literature		1110	310	1115	186.80
City	State	Zip Code				
Reynoldsburg	O I H	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occur	Registration Number, if PAC				
Mel Clemens		•			,	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
6594 Furth Dr	- Particular visits	Postage	1		1/5	
City	State	Zip Code			raising Ex	
Revnoldsburg	O H	43068		YES	iaising Ci	NO
Full Name of Contributor		pation, Labor Organization *			1 10154	
ran Name of Controtion	Employer, Occup	Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value
	1		1	lι		
City	State	Zip Code	Receive	dat Fund	raising Ev	ent?
				YES		Пио
Full Name of Contributor	Employer, Occup	Registration Number, if PAC				
Street Address	Description of Item or Service			D	Y	Fair Market Value
T	Description of Hell of Service		М	Ιí	Li	Tan Market Value
City	State	Zip Code	Panaina	d at Fund	raising Ev	ent?
	State	Zip Code	I CONTRACT	YES	iaising L	No
Full Name of Contributor	r o	Registration Number, if PAC				
run ivanie di Connotto:	Employer, Occup					
Street Address	Description of Item or Service		+	l 5	T 1/	In the same
Sireet Address			M	Ð	Y	Fair Market Value
		T				
City	State	Zip Code	Receive		raising Ev	
				YES		N0
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	ress Description of Item or Service		М	D	Y	Fair Market Value
			1 1			
City	State	Zip Code	Receive	d at Fund	raising Ev	ent?
	1	·		YES	•	No
Full Name of Contributor	Employer, Occup	Registration Number, if PAC				
San Agent St Community						
Street Address	Description of Item or Service			D	Y	Fair Market Value
DEST		rescription of flett of Service			1	Tan Market Value
City	State	Tin Code	Daning	d at French	raising Ev	ione?
cny	State	Zip Code	Keceive	YES	raising Ev	No
r HALL COLLEGE					10154	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Num	ber, if PA	i.C
Street Address	Description of the	um or Service	М	D	Y	Fair Market Value
ones namess	Description of Re	Description of Item or Service			'i	I ali IVIAI NEI VAIIUE
C'		le: a i	 	1	<u> </u>	L
City	State	Zip Code	Received		raising Ev	
		<u> </u>		YES		NO ·

Page Total \$ 299.51

^{*} 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)]