

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Clemens				
Full Name of Contributor Mel Clemens		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 6594 Furth		Description of Item or Service Printing		M D Y Fair Market Value 1 0 0 1 1 5 115.63
City Reynoldsburg		State O H	Zip Code 43068	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor Mel Clemens		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 6594 Furth		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 3 1 5 124.42
City Reynoldsburg		State O H	Zip Code 43068	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" 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		
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)]