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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							-		
<u>Ci</u> tizens for Clemens									
Full Name of Contributor	[F] 0								
Mel Clemens	Employer, Occupa	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of the	Description of law C				1			
6594 Furth		Description of Item or Service		D	Y	Fair Market Value			
City		Printing		01			115.63		
Revnoldsburg	State	Zip Code 43068	Receive	d at Func	Iraising E	vent? VNO			
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Mel Clemens	Employer, Occupa	non, Labor Organization *	Kegistra	ition Nur	iber, if Pa	AC			
Street Address	Description of Item	Description of Item or Service		D	Y	Testa vol. 1 . 17 1			
6594 Furth				1		Fair Market Value	201.40		
City		State Zip Code		1 0 1 3 1 5 124.42 Received at Fundraising Event?					
Revnoldsburg		•	Keçeive		raising E				
Full Name of Contributor		43068		YES		<u>√</u> 200			
Tane of Computer	Employer, Occupat	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item	or Carrier	М	LB	T v	In the same			
	Description of Ren	i di Service	1/1	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raicina F	vant?			
		arp cour		YES	iaisiig L	No			
Full Name of Contributor	Employer Occupat	ion, Labor Organization *	Panietro		han it D				
	Simpleyer, Occupan	Employes, Occupation, Labor Organization		Registration Number, if PAC					
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
			M		l i	Tan islance varie			
City	State	Zip Code	Receive	d at Fund	raising E	vent ⁹			
				YES		No · ·			
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
			1						
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising E	vent ⁹			
				YES		□NO			
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value			
				l ı					
City	State Z	Zip Code	Received	at Funda	raising Ev	vent?			
				YES		NO			
Full Name of Contributor	Employer, Occupati	ion, Labor Organization *	Registra	ion Num	ber, if PA	AC .			
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
	ł			ļ	l i				
City	State 2	Lip Code	Received	at Fundi	aising Ev	/ent?			
		·		YES	·	NG			
Full Name of Contributor	Employer, Occupati	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
	1								
City	State Z	State Zip Code		Received at Fundraising Event?					
				YES	-	NO			
						_=.			

Page Total \$ ____240.05

^{*} 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)]