## **In-Kind Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Citizons for Mingo				
Citizens for Mingo				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Matthew McClellan				
Street Address	Description of Item or Service		M D Y	Fair Market Value
1673 Essex Rd	Food & Beverage; 4/20 Event		0 4 2 0 1 0	\$440.00
City	Sta te	Zip Code	Received at Fundraising	g Event?
Columbus	OH	43221	O YES	ON C
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
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	0.1	In: 0 1		P 49
City	Sta te	Zip Code	Received at Fundraising	g Event?
	OH		and the second s	) 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	Sta te	Zip Code	Received at Fundraising	g Event?
	OH		O YES	ON C
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, it	
Street Address	Description of Item or Service		M D Y	Fair Market Value
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a'	Stal to	Tin Code	Received at Fundraisin	a Evant?
City	Sta te	Zip Code	Received at Fundraisin	g Event?
	OH		Q YES O 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	Sta te	Zip Code	Received at Fundraisin	g Event?
	OH		O YES	O 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	Sta te	Zip Code	Received at Fundraisin	g Event?
Chy	OH	I so to		_
	1 :	ation, Labor Organization*	Registration Number, i	) NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization	Registration Number, 1	TIAC
				In the second
Street Address	Description of Item or Service		M D Y	Fair Market Value
City	Sta te Zip Code		Received at Fundraising Event?	
			IO YES O 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	Sta te	Zip Code	Received at Fundraisin	g Event?
	ОН			O NO
	1		YES V	₩ NO

Page Total \$440.00

<sup>\*</sup> 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)]