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In-Kind Contributions Received

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Page	4-
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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Name of Committee in Full Citizens to Elect Dan Full Name of Contributor Miracle Motor Mart Street Address 5100 E. Main St. City Whitehall	Miller			
Full Name of Contributor	Employer Occupat	tion Labor Organization*	Registration Number, if PAC	
Miracle Motor Mart	Employer, Occupation, Labor Organization* Car Dealer Description of Item or Service Car For Parade			
Street Address	Description of Item	or Service	M D Y Fair Market Value	
5100 E. Main St.	Car fo	- Parade	070311 54.00	
City White hell	State	Zip Code 432/3	Received at Fundraising Event?	
	1/		□ YES 🐹 NO	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	or Service	Mi D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Employer Occups	tion, Labor Organization*	Registration Number, if PAC	
Pull Name of Contribution	Lampioya, Occupa	incar, Labor Organization	Registratival / Williams 1710	
Street Address	Description of Item	or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event? YES NO	
Pull Name of Contributes	Paralares Occ.	tion I show Organization *	Registration Number, if PAC	
Full Name of Contributor	Employer, Occupa	tion, 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 Event? □ YES □ NO	
Full Name of Contributor	Employer, Occupa	tion, 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 Event?	
Cny	Dia to	Zip Code	YES D NO	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	or Service	M D Y Fair Market Value	
C(4.)		Tin Code	Pagainad at Fundraising Event?	
City	Sta te	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC	
			<u> </u>	
Street Address	Description of Item	or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Francyer Occupation Labor Organization*		Registration Number, if PAC	
a di 1 mare es Communes	Employer, Occupation, Labor Organization*		Negatian Tumovi, a 1700	
Street Address	Description of Item	.,	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	

Page Total \$ 54.00

[•] 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)]