Page 29

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | |
|--|---|----------------------------|--|---------------------------------------|
| Citizens for Mingo | | | | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| Sam Koon | | | [| |
| Street Address | Description of Item or Service | | M D | Y Fair Market Value |
| 141 E Town St | Food & Beverge; 1/22 Event | | 0 1 2 2 | 1 3 \$3,800.00 |
| City | Stai te | Zip Code | Received at Fund | traising Event? |
| Columbus | ОН | 43215 | | _ |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | O YES O NO Registration Number, if PAC | |
| in the control of the | | | registation Named, if The | |
| R | | | - -, -, -, - | Lat. Back and a sec |
| Street Address | Description of Item or Service | | M P | Y Fair Market Value |
| | <u> </u> | | | |
| City | Sta te | Zip Code | Received at Fund | traising Event? |
| | ОН | | O YES | O NO |
| Full Name of Contributor | Employer, Occupa | ation, Labor Organization* | Registration Nur | |
| | | | | |
| Street Address | Description of Item | a or Service | M D | Yı Fair Market Value |
| | ' | | | |
| City | Sta te | Zip Code | Received at Fund | Imicina Canada |
| Cuy | OH | Zip Code | Received at Pull | marsing events |
| | | | OYES | O NO |
| Full Name of Contributor | Employer, Occupa | ation, Labor Organization* | Registration Nur | nber, if PAC |
| | <u> </u> | | | |
| Street Address | Description of Item | n or Service | M D | Y Fair Market Value |
| | | | | |
| City | Sta te | Zip Code | Received at Fund | traising Event? |
| | OH | | OYES O NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| | ' ' ' ' | | " | |
| Street Address | Description of Item or Service | | M D | Yı Fair Market Value |
| Succi Aduless | Description or nen | ii or service | " " " | I I I I I I I I I I I I I I I I I I I |
| | 1 | In: a . | | <u> </u> |
| City | State | Zip Code | Received at Fund | draising Event? |
| | OH | | OYES ONO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| | 1 | | | |
| Street Address | Description of Item or Service | | M D | Y Fair Market Value |
| | | | | 1 4 1 |
| City | Sta te | Zip Code | Received at Fun | draising Event? |
| | ОН | 1 | O VITE | O 110 |
| Full Name of Contributor | | ation, Labor Organization* | Registration Nur | NO NO |
| Fitti Nation Of Contribution | і шрюўц, оссир | about cator organization | inegistration in the | 200 , a 1110 |
| | 15 | | | The Terror Andrew Market |
| Street Address | Description of Item or Service | | MD | Y Fair Market Value |
| | | | | <u> </u> |
| City | Sta te | Zip Code | Received at Fun | draising Event? |
| | OH | | OYES O NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization® | | Registration Nur | |
| | | | | |
| Street Address | Description of Item or Service | | M D | Yi Fair Market Value |
| | 1 | | | |
| Ch. | Sta te | Zip Code | Received at Fuzi | draicing Event? |
| City | OH | Zap Cour | _ | |
| | OH. | | O YES | O NO |

Page Total \$3,800.00

^{*} 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)]