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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
Samuel Koon			
Street Address	Description of Item or Service		M D Y Fair Market Value
141 E Town St	Food & Beverage; 2/24 Event		0 2 2 4 1 6 \$4,400.00
City	Sta' te	Zip Code	Received at Fundraising Event?
Columbus	OH 43215		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
Cir.	Ctol to	7in Codo	Described at Condensions County
City	Stal te OH	Zip Code	Received at Fundraising Event?
			O YES O NO
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
	OH		O YES O NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Ite	em or Service	M. D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
	ОН	•	O YES O NO
Full Name of Contributor		pation, Labor Organization*	Registration Number, if PAC
Tall Name of Controllor		6	,
Street Address	Description of Item or Service		M D Y Fair Market Value
	'		
City	Sta te	Zip Code	Received at Fundraising Event?
****	OH	•	
Full Name of Contributor		pation, Labor Organization*	Registration Number, if PAC
Tan Hang of Controller	, and	· · · · · · · · · · · · · · · · · · ·	
Street Address	Description of Item or Service		M D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
·	OH	_	O YES O NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC
			1
Street Address	Description of It	em or Service	M D Y Fair Market Value
······································			
City	Sta te	Zip Code	Received at Fundraising Event?
Sily Sily	ОН	•	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 Fundraising Event?
	OH	\ '	OYES O NO
			TES V NO

Page Total \$4,400.00

[•] 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)]