## **In-Kind Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Nancy McGregor							
· • • • • • • • • • • • • • • • • • • •	, <u>, , , , , , , , , , , , , , , , , , </u>	<del></del>	IE :		1 10-		
Full Name of Contributor Craig Pannier	_ · ·	Employer, Occupation, Labor Organization* ABCO Gahanna		Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
146 N. Hamilton Rd.	copies			1 0 2 0 1 5 \$15.90			
City Gahanna	OH State	State Zip Code OH 43230			Received at Fundraising Event?  OYES  NO		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
City	Starte OH	Zip Code	Receive OYE	d at Fund	_	Event?	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Struct Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
City	State to OH	Zip Code	Receive O YE	d at Fund	_	Event?	
Full Name of Contributor	Employer, Occu	pation, Labor Organization*		tion Nun			
. In Name of Control		<b></b>			,	•	
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
City	Starte OH	State Zip Code		Received at Fundraising Event?  NO YES  NO			
Full Name of Contributor	L. <u> </u>	Employer, Occupation, Labor Organization*		O YES O NO Registration Number, if PAC			
The Panic of Conditions	<u> </u>						
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fund	lraising	Event?	
	OH	OH		QYES ONO			
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fun	draising	Event?	
	OH		O YES O NO				
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	
City	Staj te OH	, , ,			Received at Fundraising Event?  O YES  O NO		
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	
City	Staite OH	Zip Code	Receive	ed at Fun	_	Event?	

Page Total \$15.90

<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)]