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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full		<u></u>
Citizens for Mingo		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Rodger Clements		
Street Address	Description of Item or Service	M D Y Fair Market Value
3685 Prestwould Close	Food & Beverage; 7/15 Event	0 7 1 5 1 2 \$800.00
City	State Zip Code	Received at Fundraising Event?
New Albany	OH 43054	Ø 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	Stalte Zip Code	Received at Fundraising 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	State Zip Code	Received at Fundraising Event?
<u> </u>	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
L		
City	Sta`te Zip Code	Received at Fundraising 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 Y Fair Market Value
City	Sta' te Zip Code OH	Received at Fundraising Event?
Full Name of Contributor	<u> </u>	OYES ONO
Pull Name of Commontor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	D. C. Change See You	
Succi Addiess	Description of Item or Service	M D Y Fair Market Value
City	Sta'te Zip Code	Received at Fundraising Event?
chy	OH	_
Full Name of Contributor	Employer, Occupation, Labor Organization*	YES O NO Registration Number, if PAC
Tarriant of Conditionary	Entployer, Occupation, Earth Organization	Registration Number, WIAC
Street Address	Description of Item or Service	M D Y ₁ Fair Market Value
	, , , , , , , , , , , , , , , , , , ,	
City	Sta tc Zip Code	Received at Fundraising Event?
	ОН	
Full Name of Contributor	Employer, Occupation, Labor Organization*	O YES O NO 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	QYES O NO
L	<u></u>	1-2.00

Page Total \$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)]