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## **In-Kind Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full	<del></del>	
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 & Beverage- 11/29 Event	1 1 2 9 1 1 \$1,600.00
City	Sta te Zip Code	Received at Fundraising Event?
Columbus	OH 43215	<b>⊙</b> yes <b>○</b> no
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
	1	1
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State 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
Na Add C recent page		
Ch.	Sta te Zip Code	Received at Fundraising Event?
City	OH Zip Code	·
- W		Projection Number (CPAC
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
		M D W T M A WA
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te 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
	Description of Item or Capita	M D Y Fair Market Value
Street Address	Description of Item or Service	Tail Mainer value
	6.1. 17: 6	Danished as Francisco Compa
City	Sta' tc Zip Code	Received at Fundraising Event?
	OH	OYES ONO
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?
	OH	O YES O NO
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
Ì		
City	State Zip Code	Received at Fundraising Event?
, , , , , , , , , , , , , , , , , , ,	OH	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Tun Name of Conditionor	Employer, Seveption, Dates Significant	
g 4.14	Description of Item or Service	M D Yi Fair Market Value
Street Address	Description of hell of service	
	5. to lar c. i.	Received at Fundraising Event?
City	State Zip Code	
	Un,	Oyes O NO

Page Total \$1,600.00

<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)]