	1
Page	1
, age	

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

by 60								
Name of Committee in Full								
John Souders For Obetz								
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
John Michael Souders/Mary Beth Soude								
Street Address	Description of Item or Service			D	Y	Fair Market Value		
1924 Locust St	Payment for campaign Signs		019	218	113		347.75	
City	State	Zip Code			raising Ev			
Obetz	lo I H	43207	l Г	YES	•	NO		
Full Name of Contributor		oation, Labor Organization *	Registra	tion Num	ber, if PA			
John Michael Souders/Mary Beth Soude		, 2			,	-		
Street Address	Description of Item or Service		м	I D	Ý	Fair Market Value	-	
1924 Locust St	can	018	•	I -	TALL IVIALIKO, VALOC	6.47		
City	State			raising Ev	1	0.47		
, ·	1	Zip Code	Keceivo	3	raising Ev			
Obetz	$O \mid H$	43207		YES		[√]ио		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
John Michael Souders/Mary Beth Soude			<u> </u>			_		
Street Address	Description of It		М	D	Y	Fair Market Value		
1924 Locust St	payment	for campaign shirts	018	210			96.08	
City	State	Zip Code	Receive	d at Fund	aising Ev	ent?		
Obetz	lo I H	43207		YES		NO		
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Num	ber, if PA	.c		
	' ' ' '	•	ľ					
Street Address	Description of It	em or Service	М	D	ΙΥ	Fair Market Value		
			l "i	Ιī	1			
City	State	Zip Code	Pagaira	d at Eundi	aising Ev	loost ¹)		
cny	1	Zip Code		YES	menia c.	NO		
F.H.M	r 1 0				· 'cn.			
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Its	em or Service	M _.	D,	Y	Fair Market Value		
			1					
City	State	Zip Code	Receive	dat Fundi	raising Ev			
		1		YES		∐ио		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
			1 1	l ;	ı		į	
City	State	Zip Code	Receive	d at Fund	aising Ev	ent?		
,,	1			YES		NO	;	
Full Name of Contributor	Employer Occur	nation, Labor Organization *	Registra		ber, if PA			
Tall Name of Communic	Linployer, Occup	Aniou, Labor Organization	I KEEISHA	HOM I VIIII	oci, ii i r			
C 4.11	Danadada at a		14	<u> </u>	Y	Fair Market Value		
Street Address	Description of Item or Service		M	D	',	rair market value		
<u> </u>	<u> </u>	1						
City	State	Zip Code	Receive	1	raising Ev	$\overline{}$		
				YES		∐NO		
Full Name of Contributor	Employer, Occupation, Labor Organization • Registration Number, if PAC							
	<u> </u>							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
	1			1 1		1		
City	State	Zip Code	Receive	d at Fund	raising Ev	ent?		
] 1	•		YES	-	□ио		

Page Total \$	450.30

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]