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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					_				
Friends of Joe Begeny									
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Joe Begeny		,							
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
8840 Kingsley Dr	l · Ao	Advertisment		3 1	11/7		30.00		
City	State			1 0 3 1 1 7 30.00 Received at Fundraising Event?					
Reynoldsburg	lo H	43068		YES		NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Ohio Democratic Party			1						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
340 E Fulton St		Mailing		3 0	1 7	4.	<u>56.00</u> _		
City	State			Received at Fundraising Event?					
Columbus	_O H	43215		YES		✓ NO			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Num	ber, if PA	С			
Ohio Democratic Party						_			
Street Address	Description of Ite		M	D	Y	Fair Market Value			
340 E Fulton St		Mailing	1 0		1 7		16.00		
City	State	Zip Code	Receive		raising Ev				
Columbus	ОН	43215		YES		NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising Ev	rent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
		Zip Code	Pagaina	d at Fund	raising Ev	(ent?			
City	State	Zip Code	Kecelon	YES	aising L	No			
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Registra		ber, if PA				
rui Name of Contributor	Limpioyer, Occup	pation, Labor Organization	Kegisuu						
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising Ev	/ent?			
				YES		По			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Its	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising Ev	/ent?			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?			

Page Total \$	802.00
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^{*} 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)]