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In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee to Elect Joseph Begeny			
Full Name of Contributor	Employer, Occupation, Labor Organization	n* Registration Number, if PAC	
Tori Begeny	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Street Address	Description of Item or Service	M D Y Fair Market Value	
8840 Kingsley Dr	flyers	1 0 0 7 1 3 \$237.54	
City	State Zip Code	Received at Fundraising Event?	
Reynoldsburg	OH 43068		
Full Name of Contributor	Employer, Occupation, Labor Organization	OYES O NO	
ran Name of Communior	Employer, Occupation, Labor Organization	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Staj te Zip Code OH	Received at Fundraising Event?	
Full Name of Contributor		OYES ONO	
rui Name of Commisuror	Employer, Occupation, Labor Organization	n* 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	OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization	n.* Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Strite Zip Code OH	Received at Fundraising Event? OYES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization		
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Code	Received at Fundraising Event?	
	OH _.	OYES ONO	
Full Name of Contributor	Employer, Occupation, Labor Organization	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 OH	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization	Employer, Occupation, Labor Organization* Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Staj te Zip Code OH	Received at Fundraising Event? OYES O NO	
Full Name of Commbutor	Employer, Occupation, Labor Organization	n* Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Star te Zip Code OH	Received at Fundraising Event? OYES O NO	

Page Total \$237.54

^{*} 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)}