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R	c	3517	10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full DOUG JOSEPH ELECTION FUND							
DOUG JOSEPH ELECTION FUND	1a		T			# . 0	
Full Name of Contributor			Registration Number, if PAC				
DOUG JOSEPH	PRESIDE	NT OF COUNCIL					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
9250 HUGGINS LANE	CAMPAIGN MAILINGS		0 4	016	1	5	84.15
City	State	Zip Code	Receive	d at Fund	raising	Event?	
REYNOLDSBURG	H	43068	│	YES		✓NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
			1				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
				l i	1 1		
City	State	Zip Code	Receive	d at Fund	raising	Event?	
	1		· ~-	YES		ΠNO	
Full Name of Contributor	Employer Occur	1		•	har if		
Full Name of Commodici	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Course A A A Service	Danish of the	6!	M D Y Fair Market Value				
Street Address	Description of Ite	em or Service	M	D	Y	Pair Market Value	
	ļ		 	<u> </u>	لببل		
City	State	Zip Code	Receive	d at Fund	raising		
				YES		⊔NO	
Full Name of Contributor	Employer, Occup	nation, Labor Organization *	Registra	tion Nun	ber, if	PAC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising	Event?	
	1 1			YES		□ NO	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Nun	ıber, if	PAC	
			-				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	'		lι	lт	Lι		
City	State	Zip Code	Receive	d at Fund	raisino	Event?	
City	1	Esp code		l _{YES}		ΠNO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Full Name of Controdior	Employer, Occupation, Labor Organization		Kegistiation Number, if FAC				
	15 1 2 61		1,,	1 5	1 1/	In	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	1
		·	<u> </u>	<u> </u>			
City	State	Zip Code	Receive	d at Fund	raising		
			<u> </u>	YES		∐NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ition Nun	ıber, if	PAC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
			1 1	1 1	1 1		
City	State	Zip Code	Receive	d at Func	raising	Event?	
			1 [YES	•	NO	
Full Name of Contributor	of Contributor Employer, Occupation, Labor Organization *		Revistra		her. if		
			Registration Number, if PAC				
Street Address	Description of Item or Service		М	Тр	ΙΥ	Fair Market Value	
Succe Municipal			'1	1 1	1 1	I III ITIMKEL TAIME	•
Cin	State	Zip Code	Pacain	d at Func	lenicie:	Erant?	
City	State	Esp Code	Keccive	a ai ruik TYES	naisiii£		
	1) 1E2		ои	

Page Total \$	84.15
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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)]