

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Joseph L. Barnes Sr.										
Full Name of Contributor Joseph L. Barnes Sr.		Employer, Occupation, Labor Organization*		Registration Number, if PAC						
Street Address 3718 Second Avenue		Description of Item or Service (1) 8.5x11 Ivory Card		<table border="1"> <tr> <td>0</td><td>9</td><td>1</td><td>9</td><td>1</td><td>5</td> </tr> </table> Fair Market Value \$158.02	0	9	1	9	1	5
0	9	1	9	1	5					
City Urbancrest		State OHIO	Zip Code 43123	Received at Fundraising Event? NO						
Full Name of Contributor Joseph L. Barnes Sr.		Employer, Occupation, Labor Organization*		Registration Number, if PAC						
Street Address 3718 Second Avenue		Description of Item or Service Vehicle Mag. 2.5x5.57, Riders-Blue "RE" w/stock		<table border="1"> <tr> <td>0</td><td>9</td><td>2</td><td>2</td><td>1</td><td>5</td> </tr> </table> Fair Market Value \$175.00	0	9	2	2	1	5
0	9	2	2	1	5					
City Urbancrest		State OHIO	Zip Code 433123	Received at Fundraising Event? NO						
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC						
Street Address		Description of Item or Service		<table border="1"> <tr> <td>M</td><td>D</td><td>Y</td> </tr> </table> Fair Market Value	M	D	Y			
M	D	Y								
City		State	Zip Code	Received at Fundraising Event? I YES I NO						
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M	D	Y								
City		State	Zip Code	Received at Fundraising Event? I YES I NO						

* 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)]

Page Total \$ 333.02