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Page	4	

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

N. AO MARIA						
Name of Committee in Full						
DOUG JOSEPH ELECTION FUND			T			. 0
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
DOUG JOSEPH	1					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
9250 HUGGINS LANE	PRINTING & POSTAGE		013	0 2	1 2	405.00
City	State	Zip Code		d at Fund		
REYNOLDSBURG	Ь Ін	43068		YES		NO
Full Name of Contributor	Employer Occi	pation, Labor Organization *	Registra	tion Num	ber if P/	VC
Tan (Tanto e) Commoditi	2, 5.0, 6.1, 6.00	pundiq Dator or Buncanon	1		,	.~
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
puece / wuicaa	Description of t	icii di Berrice	1 "	Ĭ	Li	
o:	5,	Zip Code	12	dat Fund	_i_i_	
City	State	Zip Code	·	•	raising E	
		1	YES NO			
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registration Number, if PAC			
			į			
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value
				1 1		
City	State	Zip Code	Receive	d at Fund	raising E	vent?
·,		'		YES	Ü	NO
Full Name of Contributor	Employer Occi	pation, Labor Organization *	Registra	tion Nur	her if P	
run Name of Commount	Linployer, Occi	ipation, Caoor Organization	I Kegisiia	ition i tuis	1001, 11 1 2	
			+	Ln	T 37	Fair Market Value
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
			1 1			1
City	State	Zip Code	Receive	d at Fund	raising E	
		_	<u> </u>	YES		NO
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registra	tion Nurr	iber, if PA	AC
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
	'		1 1	lι	1	1
Cita.	State	Zip Code	Receive	d at Fund	raising E	vent?
City	Julian	E.p code		YES		ΠNO
	IF. I O	Takan Ossanisasias #	Dear	_	han if D	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
			<u> </u>			T
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
						<u> </u>
City	State	Zip Code	Receive	d at Fund	lraising E	_
				YES		∐NO
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	ation Nun	ber, if P	AC
					•	
Street Address	Description of	Item or Service	M	D	Y	Fair Market Value
Succi Address	Description of new or service		Li	Li		
<u></u>	State	7:- Code	Dagaire	d at Func	Inicina F	Lyant?
City	State	Zip Code	I COLLING	YES	indicate (NO NO
	 		<u> </u>		.h 16 B	–
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
				, .	T .	1
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
	1					
City	State	Zip Code	Receive	d at Fund	Iraising E	vent?
[`				YES		□no
_						

Page Total S	405.00
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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)]