Ohio Campaign Finance Report

Full Name of Committee Friends of Matt Josep										
Friends of Matt Josep						Registrat	ion Num	ber, if P	AC .	
	h					<u> </u>				
full Name of Candidate										
Matthew Francis Jose	ph									
Street Address				Office Sought			-	District	-	
443 E. 6th Street				Dayton Cit	ty Co	mmis	sion	.		
City					S	tate	Zip Cod	e		
Dayton						ОН	454	102		
	Pre-Primary	Post-Primary	P	re-General	Х	Post-Ger	neral		Annual	Year
place X to the left of report	uly	August	s	eptember					Semian	nual
ype)	Monthly	Monthly	N	fonthly		Termina	tion	ł	}	
Amended Report?	Report Elec	tronically filed?				M		D	1	Y
No	No)	Date of Ele	ection	1	1	0	8	1	1

	\$	ł		
1. Amount brought forward from last report	25,507.05	7		
2. Total monetary contributions (From Form No. 31-A)	\$ 5,030.00		2011 DEC	-7
3. Total other income (From Form No. 31-A-2)	\$ 3.36		EC 16	スロフロス・コリ
4. Total funds available (sum of lines 1, 2, 3)	\$ 30,540.41			
5. Total monetary expenditures (From Form No. 31-B)	\$ 24,684.24		PM 3: 00	Ţ
6. Balance on hand (line 4 minus line 5)	\$ 5,856.17		8	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$			
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$			
9. Outstanding loans owed by committee (From Form No. 31-C)	\$			
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 			
11. Outstanding loans owed to committee (From Form No. 31-K)	\$			
12. Value of independent expenditures made (From Form No. 31-U)	\$			
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$			

		Filing Entities only nd amount of any new k	oans received this period	\$		
THE INFORMATION CONCOMMITS ELECTION FAI Katherine Josepl	usification is g h, Treasurei	UILTY OF A FELON	Y ON THE FIFTH DE			12/15/2011
Contribution pages 5	5	Expenditure pages 3		Other pages	To pag	

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R	c	3517	10

Statement of Contributions Received

Prescribed by Secretary of State 2/01

						
Name of Committee in Full Friends of Matt Joseph						
Full Name of Contributor			Registra	tion Num	ber, if PA	C
General ContributionsSee Attached						
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Ŷ	Amount 2,525.00
Full Name of Contributor			Registra	tion Num	ber, if PA	
Franco's Fundraiser See Attached						
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount 2,505.00
Full Name of Contributor		<u>, h.,,</u>	Registra	tion Num	ber, if PA	
Street Address	Employer/Occup	ation/Labor Organization	_ -			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	C
Street Address	Employer/Occup	vation/Labor Organization		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occup	nation/Labor Organization	·			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	Ċ
Street Address	Employer/Occup	ation/Labor Organization	· •			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ition Num	ber, if PA	C
Street Address	Employer/Occup	eation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ition Num	ber, if PA	C
Street Address	Employer/Occup	pation/Labor Organization	- 			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
						

Page Total \$ 5,030.00

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

31-	A-2	
R.C.	3517.	10(B)

Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			-				
Friends of Matt Joseph							
Full Name			Registra	tion Num	ber, if PA	С	
See Attached							
Address	Type*		М	D	Y	Amount	
					<u> </u>		3.36
City	State	Zip Code	Form(C	ash,Check	,etc)		
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Full Name			Registra	tion Num	ber, if PA	C	
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Address	Type*		М	D	Y	Amount	
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City	State	Zip Code	Form(C	ash,Check	,etc)		
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City	State	Zip Code	Form(C)	sh,Check	etc)	<u> </u>	
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City	State	Zip Code	Form(C)	sh,Check	etc)		
	State	Zip code	1 01.11(0.	isii, Circon	,010)		
Full Name	<u> </u>	<u> </u>	Registra	tion Num	her if PA		
Tun I vane			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
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	Curt	T. C. I.	F (C)	1 (1)	1		
City	State	Zip Code	Form(Ca	ash, Check	,etc)		
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Full Name			Registra	uon Num	ber, if PA	L	
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Address	Type*		M	D	Y	Amount	
				<u> </u>	<u> </u>		
City	State	Zip Code	Form(Ca	sh,Check	,etc)		
L	<u> </u>						

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	3.36
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^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

Friends of Matt Joseph Post-General 2011; 31-A-2

Date	Amount Type	Full Name	Address	City	State	Zip
10/31/11	\$2.62 IN	Wright-Patt Credit Union	1 South Main St., Suite H	Dayton	ОН	45402
11/30/11	\$0.74 IN	Wright-Patt Credit Union	1 South Main St., Suite H	Dayton	ОН	45402
TOTAL:	\$3.36					

31-B
R.C. 3517.10

Page 1

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Matt Joseph To Whom Paid				1 5	1 1/	1	
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See Attached Listing Address	Purpose		<u>-</u> -	Ь	<u> </u>	L	24,160.25
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City	State	Zip Code	Check 1	Number			
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To Whom Paid			M.	D	Y	Amount	
Franco's Event See 31-F Attached			1 0	2 0	1 1	<u></u>	523.99
Address	Purpose						
e:	_	Ter 5 .					
City	State	Zip Code	Check Number				
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Address	Purpose			<u> </u>	<u> </u>	<u> </u>	
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City	State Zip Code Check Number						
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Address	Purpose			<u> </u>	<u> </u>	L	
Auditas	rurpose						
City	State	Zip Code	Check 1	Number			
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31-E R.C. 3517.10(B)

Event Date	10/20/11
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Matt Joseph Full Name of Contributor Franco's Event - See Attached Street Address Employer/Occupation/Labor Organization* M D Y Amou 1 0 2 0 1 1 City State Zip Code Form(Cash, Check, etc) Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amou City State Zip Code Form(Cash, Check, etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amou City State Zip Code Form(Cash, Check, etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC	2,505.00				
Full Name of Contributor Franco's Event - See Attached Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash,Check,etc)	2,505.00				
Franco's Event - See Attached Street Address Employer/Occupation/Labor Organization* M D Y Amount 1 0 2 0 1 1 1 City State Zip Code Form(Cash,Check,etc) Street Address Employer/Occupation/Labor Organization* M D Y Amount D Y Amount D D Y Amount D D D D D D D D D D D D D D D D D D D	2,505.00				
Street Address	2,505.00				
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treet Address Employer/Occupation/Labor Organization* M D Y Amour	int				
State Zip Code Form(Cash,Check,etc)					
Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employ-	yer				
hould 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					
nembers, if any, must appear. [R.C. 3517.10(B)(4)]					
ill in the boxes below only on the last page for this event.					
ransfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the ev	vent				
the date column.					
Total contributions this event Total expenditures this event					
Page Total	al \$ 2,505.00				

3	1-	·F	
R	c	3517	16

Event Date	10/20/2011	
Page		1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		 						
Friends of Matt Joseph To Whom Paid			M	D	Y	Amount		
				1	1	1		
Franco's Ristorante Italiano Address	Purpose		1 0	2 0	1 1	523.99		
824 E. Fifth Street		Event						
Oty	Food for I	Zip Code	Check N	Jumber		· · · · · · · · · · · · · · · · · · ·		
		·	Check Number 1003					
Dayton To Whom Paid	O H	45402	M	1003	Y	Amount		
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Address	Purnose	Purpose			<u> </u>	<u> </u>		
Address	Turpose							
City	State	Zip Code	Chack Number					
City	State	Zip Code	Check Number					
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City	State	Zip Code	Check N	umber				
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Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

 Page Total \$	523.99
_	