

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Matt Joseph						Registration Number, if PAC					
Full Name of Candidate Matthew Francis Joseph											
Street Address 443 E. 6th Street						Office Sought Dayton City Commission			District		
City Dayton						State OH		Zip Code 45402			
Type of Report <small>(place X to the left of report type)</small>	Pre-Primary		Post-Primary		Pre-General		<input checked="" type="checkbox"/>		Post-General		Annual Year
	July		August		September				Semiannual		
	Monthly		Monthly		Monthly				Termination		
Amended Report? No			Report Electronically filed? No			Date of Election			M	D	Y
									1	1	0 8 1 1

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 25,507.05
2. Total monetary contributions (From Form No. 31-A)	\$ 5,030.00
3. Total other income (From Form No. 31-A-2)	\$ 3.36
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
6. Balance on hand (line 4 minus line 5)	\$ 5,856.17
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	\$

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Katherine Joseph, Treasurer

Katherine Joseph

12/15/2011

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 5

Expenditure pages 3

Other pages 3

Total pages 11

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Matt Joseph						
Full Name of Contributor General Contributions--See Attached				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 2,525.00
Full Name of Contributor Franco's Fundraiser-- See Attached				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 2,505.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Friends of Matt Joseph						
Full Name				Registration Number, if PAC		
See Attached						
Address	Type*		M	D	Y	Amount
						3,36
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address				Amount		
	Type*		M	D	Y	
City	State	Zip Code	Form(Cash,Check,etc)			

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

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

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

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Matt Joseph							
To Whom Paid See Attached Listing				M	D	Y	Amount 24,160.25
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid Franco's Event-- See 31-F Attached				M	D	Y	Amount 523.99
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

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					Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
					1	0	2	2,505.00
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					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					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					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					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					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					Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer 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 event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,505.00

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	
Franco's Ristorante Italiano					1	0	2 0	1 1	523.99
Address		Purpose							
824 E. Fifth Street		Food for Event							
City		State	Zip Code		Check Number				
Dayton		O H	45402		1003				
To Whom Paid					M	D	Y	Amount	
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount	
Address		Purpose							
City		State	Zip Code		Check Number				

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.