## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								- <del></del>
DOUG JOSEPH ELECTION FUND								
Full Name of Contributor					Registration Number, if PAC			
COMMITTEE TO ELECT JOHN ADA	AMS							
Street Address	Employer	Occupa	ation/Labor	Organization*	_		_	Form (Cash, Check, etc.)
1509 BON AIR CIRCLE	i		- 1					CHECK
City	Stat	e	Zip Code		М	D	Y	Amount
SIDNEY		Н	4536	55	1111	0 1	1   2	645.00
Full Name of Contributor			1				nber, if PA	
COMMITTEE TO ELECT JOHN ADA	AMS				'			
Street Address		Occupa	ation/Labor	Organization*				Form (Cash, Check, etc.)
1509 BON AIR CIRCLE	` '	•		, and the second				CHECK
City	Stat	e	Zip Code		I M	D	Y	Amount
SIDNEY	0 1	H	4536		01			
Full Name of Contributor	10	11	4000				nber, if P	
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OHIO PRO-LIFE PAC	Ir	/Δ	أ ما ح ك ما عام	Omenication *	Of	H601		Francisco (Carlo Charles and )
Street Address	Employen	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1634 GREENWAY RD. SE					T		, .	CHECK
City	Stat		Zip Code		M	D	Y	Amount
NORTH CANTON		Н	4470	19	0 1			
Full Name of Contributor					Registration Number, if PAC			
JOBS-PAC					OH613			
Street Address	Employer	Оссира	ation/Labor	Organization*				Form (Cash, Check, etc.)
6969 STONE CREEK AVE. NE								CHECK
City	Stat	e	Zip Code		М	D	Y	Amount
CANTON	$\perp$ 0 $\perp$	Н	4472	1	01	1 6	1 3	4,000.00
Full Name of Contributor			1				nber, if P	
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Street Address	Employer	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
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City	Stat	e.	Zip Code		M	D	Y	Amount
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Full Name of Contributor	<u> </u>		<u> </u>		Panietr	ation Nur	nhar if D	
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
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City	Stat	e	Zip Code		M	D	Y	Amount
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Full Name of Contributor					Registr	ation Nur	nber, if P	VC
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Street Address	Employer	/Occupa	ation/Labor	Organization*				Form (Cash, Check, etc.)
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City	Stat	e	Zip Code		M	D	Y	Amount
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Full Name of Contributor Registration Number, if PAC								\C
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
		1		<u> </u>				(=== , =====,
City	Stat	e	Zip Code	<u> </u>	М	D	Y	Amount
Chy	1	·	Zip Code		1 "	1 1	1 1	Amount
			1 1		1			1

\* 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)]

Page Total \$ 5,225.00