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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
DOUG JOSEPH ELECTION FUND								
Full Name of Contributor				Registration Number, if PAC				
COMMITTEE TO ELECT JOHN ADAM	ЛS							
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)		
1509 BON AIR CIRCLE						CHECK		
City	State	Zip Code	М	D	ΙΥ	Amount		
SIDNEY	отн	45365	1016	1 4	1111	1,500.00		
Full Name of Contributor	0 1	13303			ber, if PA			
			-	1601	1001, 11 1 1	.0		
OHIO PRO-LIFE PAC	Ir. 1 /0		UI.	1001		Form (Cash, Check, etc.)		
Street Address	Employer/Occup	ation/Labor Organization*				· '		
1634 GREENWAY RD SE	ļ	<u> </u>				CHECK		
City	State	Zip Code	M	D.	Y	Amount		
NORTH CANTON	OH	44709	0 7			200.00		
Full Name of Contributor Registration Number, if PAC								
COMMITTEE TO ELECT JOHN ADAMS								
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)		
1509 BON AIR CIRCLE						CHECK		
City	State	Zip Code	М	T D	TY	Amount		
SIDNEY	ОІН	45365	0 7	1 8	1111	1,500.00		
Full Name of Contributor	0 1	15505				'		
COMMITTEE TO ELECT JOHN ADAMS								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1509 BON AIR CIRCLE				· -		CHECK		
City	State	Zip Code	M	D	Y	Amount		
SIDNEY	OIH	45365	0 9			1,000.00		
Full Name of Contributor			Registra	ttion Nun	nber, if PA	AC		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
	1 1		1 1	1	1 1			
Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Nu	nber, if PA	AC		
i un realization								
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Street Address Employer/Occupation*Labor Organization* From (Cash, Check, etc.)								
	- G	Ta: C 1:	LM	1 0	Τv	Amount		
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>				
Full Name of Contributor		•	Registra	ation Nur	nber, if P	AC		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
	1 1		1 1					
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Distribution Capitalities						, 5		
Civ.	- C	7in Code	1 14	I n	ΙΥ	Amount		
City	State	Zip Code	M	D	1 '.	CATACOMIC .		
	<u> </u>				<u> </u>			

Page Total \$ 4,200.00

^{*} 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)]