

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full DOUG JOSEPH ELECTION FUND													
Full Name of Contributor WILLIAM SCHUCK						Registration Number, if PAC							
Street Address 1322 LANCASTER AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 7		D 0 1		Y 1 6		Amount 20.00	
Full Name of Contributor WILLIAM SCHUCK						Registration Number, if PAC							
Street Address 1322 LANCASTER AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 7		D 1 5		Y 1 6		Amount 20.00	
Full Name of Contributor WILLIAM SCHUCK						Registration Number, if PAC							
Street Address 1322 LANCASTER AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 7		D 2 9		Y 1 6		Amount 20.00	
Full Name of Contributor WILLIAM SCHUCK						Registration Number, if PAC							
Street Address 1322 LANCASTER AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 8		D 1 5		Y 1 6		Amount 20.00	
Full Name of Contributor WILLIAM SCHUCK						Registration Number, if PAC							
Street Address 1322 LANCASTER AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 8		D 3 0		Y 1 6		Amount 20.00	
Full Name of Contributor WILLIAM SCHUCK						Registration Number, if PAC							
Street Address 1322 LANCASTER AVE.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 9		D 1 6		Y 1 6		Amount 20.00	
Full Name of Contributor REYNOLDSBURG CITIZENS FOR RESPONSIBLE GOV.						Registration Number, if PAC							
Street Address 7716 CRITWELL CT.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State O H		Zip Code 43068		M 0 9		D 2 8		Y 1 6		Amount 100.00	
Full Name of Contributor JOBS-PAC						Registration Number, if PAC OH613							
Street Address 6969 STONECREEK AVE. NE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City CANTON		State O H		Zip Code 44721		M 0 9		D 2 9		Y 1 6		Amount 30.65	

* 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)]