| Page 2 | _ |
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full |   |                               |          |                             |                          |                          |  |
|---------------------------|---|-------------------------------|----------|-----------------------------|--------------------------|--------------------------|--|
| DOUG JOSEPH ELECTION FUN  | <u>VD</u>                               |                               |          |                             |                          |                          |  |
| Full Name of Contributor  |   |                               |          | Registration Number, if PAC |                          |                          |  |
| COMMITTEE TO ELECT JOHN   |   |                               |          |                             |                          |                          |  |
| Street Address            | Employer/Occi                           | upation/Labor Organization*   |          |                             |                          | Form (Cash, Check, etc.) |  |
| 1509 BON AIR CIRCLE       |   |                               |          |                             | ,                        | CHECK                    |  |
| City                      | State                                   | Zip Code                      | М        | D                           | Y                        | Amount                   |  |
| SIDNEY                    | O   H                                   | 45365                         | 0 2      | 0 1                         | 1 2                      | 1,000.00                 |  |
| Full Name of Contributor  |   |                               | Registra | tion Num                    | ber, if PA               | AC                       |  |
| Street Address            | Employer/Occupation/Labor Organization* |                               |          | Form (Cash, Check, etc.)    |                          |                          |  |
| City                      | State                                   | Zip Code                      | М        | D                           | Y                        | Amount                   |  |
|                           |   |                               |          |                             |                          |                          |  |
| Full Name of Contributor  | Registration Number, if P.              |                               |          |                             |                          | AC .                     |  |
| Street Address            | Employer/Occi                           | upation/Labor Organization*   |          |                             |                          | Form (Cash, Check, etc.) |  |
|                           |   |                               |          | _                           |                          |                          |  |
| City                      | State                                   | Zip Code                      | М        | D                           | Y .                      | Amount                   |  |
|                           |   |                               |          |                             |                          |                          |  |
| Full Name of Contributor  |   |                               | Registra | tion Num                    | ber, if P/               | AC .                     |  |
| Street Address            | Employer/Occ                            | upation/Labor Organization*   |          |                             |                          | Form (Cash, Check, etc.) |  |
|                           |   |                               |          |                             |                          |                          |  |
| City                      | State                                   | Zip Code                      | M        | D                           | Y                        | Amount                   |  |
| <u>-</u>                  |   |                               |          |                             | <u> </u>                 |                          |  |
| Full Name of Contributor  |   |                               | Registra | tion Num                    | iber, if P/              | VC                       |  |
| Street Address            | Employer/Occupation/Labor Organization* |                               |          | Form (Cash, Check, etc.)    |                          |                          |  |
| City.                     | State                                   | Zip Code                      |          | Τ'n                         | Ý                        | Amount                   |  |
| City                      | Siate                                   | Zip Code                      | "        | ľ                           | Ι'n                      | 7 11110 W.N.             |  |
| Full Name of Contributor  |   |                               | Revistra | tion Nutr                   | her if P                 | AC.                      |  |
| Full Name of Contributor  |   |                               | Trogis   |                             |                          |                          |  |
| Street Address            | Employer/Occupation/Labor Organization* |                               |          |                             | Form (Cash, Check, etc.) |                          |  |
| Cir.                      | State                                   | Zip Code                      | М        | D                           | ΙΥ                       | Amount                   |  |
| City                      | i                                       | Sip Code                      |          | Ιí                          |                          |                          |  |
| C UNIVERSE CONTRACTOR     |   | <u> </u>                      | Registra | tion Nur                    | ber if Pa                | AC.                      |  |
| Full Name of Contributor  |   |                               |          | ition ivali                 |                          |                          |  |
| Street Address            | Employer/Occupation/Labor Organization* |                               |          | Form (Cash, Check, etc.)    |                          |                          |  |
| City                      | State                                   | Zip Code                      | M        | D                           | Y                        | Amount                   |  |
|                           |   |                               |          |                             |                          |                          |  |
| Full Name of Contributor  |   |                               | Registra | ation Nun                   | iber, if Pa              | AC                       |  |
| Street Address            | Employer/Occ                            | upation/Labor Organization    | *        |                             |                          | Form (Cash, Check, etc.) |  |
| Acces (Address)           |   |                               |          |                             |                          |                          |  |
| City                      | State                                   | Zip Code                      | M        | D                           | Y                        | Amount                   |  |
|                           |   | udidatas If contributor is se | 1611     |                             | on and -1                | a numa of the            |  |
|                           |   |                               |          |                             |                          |                          |  |

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)]

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|---------------|----------|
| Page Total \$ | 1,000.00 |