Statement of Contributions Received

Prescribed by Secretary of State 3/05

	<u> </u>						
Name of Committee in Full							
DOUG JOSEPH ELECTION FUND							
Full Name of Contributor				Registration Number, if PAC			
COMMITTEE TO ELECT JOHN ADA	MS						
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)	
1509 BON AIR CIRCLE						CHECK	
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Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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* 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 S	Š	2,000.00
		2,000.00