

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>JOSEPH F. SPANOVICH</b>							
Full Name of Contributor <b>JOSEPH F. SPANOVICH</b>						Registration Number, if PAC	
Street Address <b>700 TAYLOR RD</b>		Employer/Occupation/Labor Organization* <b>RETIRED POLITICAL SIGN</b>				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>GATTANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>9</b>	Y <b>18</b>	Amount <b>375.72</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		<b>RETIRED RECEIPT PETITION</b>				<b>CASH</b>	
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>7</b>	Y <b>15</b>	Amount <b>30.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		<b>RETIRED POSTAL STAMPS</b>				<b>VISA</b>	
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>0</b>	Y <b>07</b>	Amount <b>55.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		<b>RETIRED POLITICAL AD</b>				<b>VISA</b>	
City	State <b>OH</b>	Zip Code	M <b>6</b>	D <b>9</b>	Y <b>3</b>	Amount <b>693.62</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		<b>RETIRED NEWSPAPER AD</b>				<b>VISA</b>	
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>8</b>	Y <b>5</b>	Amount <b>185.40</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		<b>RETIRED RICKS THANK YOU</b>				<b>76.62</b>	
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>8</b>	Y <b>5</b>	Amount <b>VISA</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>8</b>	Y <b>5</b>	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<b>SAME AS ABOVE</b>							
City	State <b>OH</b>	Zip Code	M <b>1</b>	D <b>8</b>	Y <b>5</b>	Amount	

\* 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 also appear. [R.C. 3517.10(B)(4)]