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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				Registra	tion Num	ber, if PA	C		
WILLIAM SCHUCK				A CORPORTE			•		
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check	, etc.)	
1322 LANCASTER AVE.		•	•				CHECK		
City	St	ate	Zip Code	М	D	Y	Amount		
REYNOLDSBURG	0	H	43068	0 9	2 8	1 6		20.00	
Full Name of Contributor				Registra		ber, if PA	С		
WILLIAM SCHUCK									
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check	, etc.)	
1322 LANCASTER AVE.							CHECK		
City	St	ate	Zip Code	M	D	Y	Amount		
REYNOLDSBURG	0	Н	43068	1 0	0 7	1 6		20.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
WILLIAM SCHUCK									
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check	, etc.)	
1322 LANCASTER AVE.						1	CHECK		
City	I _	ate	Zip Code	M	D	Y	Amount	20.00	
REYNOLDSBURG	10	H	43068	1 0	_			20.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
WILLIAM SCHUCK	le ı	10		<u> </u>			F (C1, Cl1	-4-)	
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check	, etc.)	
1322 LANCASTER AVE.			Zip Code	Тм	D	ΙΥ	CHECK Amount		
City DEVNOLDED IDC		ate H	43068	$\begin{vmatrix} M \\ 1 \end{vmatrix} 1$	t .	I	Amount	20.00	
REYNOLDSBURG Full Name of Contributor	10	* 1	43000		1 4	1 6 ber, if PA	Č.	20.00	
WILLIAM SCHUCK				Registra	ition ivain	oci, ii i A			
Street Address	Employe	r/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check	. etc.)	
1322 LANCASTER AVE.	Linploy	occupa	mon paron organization				CHECK	,,	
City	Si	ate	Zip Code	М	D	Y	Amount		
REYNOLDSBURG	0	H	43068	$ _{1 1}$	I .			20.00	
Full Name of Contributor			10000			ber, if PA	C	20.00	
WILLIAM SCHUCK									
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check	, etc.)	
1322 LANCASTER AVE.	' '	•					CHECK		
City	Si	ate	Zip Code	М	D	Y	Amount		
REYNOLDSBURG	10	H	43068	1 1	2 8	1 6		20.00	
Full Name of Contributor		•				ber, if PA			
WILLIAM SCHUCK									
Street Address	Employe	er/Occupa	ition/Labor Organization*				Form (Cash, Check	:, etc.)	
1322 LANCASTER AVE.							CHECK		
City	S	tate	Zip Code	M	D	Y	Amount		
REYNOLDSBURG		Н	43068	1 2	1 2	1 6		20.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.c		
WILLIAM SCHUCK									
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Check	i, etc.)	
1322 LANCASTER AVE.						· · · · · · ·	CHECK		
City	1 _	tate	Zip Code	M	D	Y	Amount	20.00	
REYNOLDSBURG		H	43068	1 2	1 9	1 6	<u> </u>	20.00	

Page Total \$ 160.00

^{*} 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)]