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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N							
Name of Committee in Full	INIT)						
DOUG JOSEPH ELECTION FU	ND_		II oviete	tion Num	dan if DA		
Full Name of Contributor COMMITTEE TO ELECT JOHN ADAMS				Registration Number, if PAC			
Street Address		apation/Labor Organizatio				Form (Cash, Check, etc.)	
	Employenoco	л			CHECK		
1509 BON AIR CIRCLE	State	Zip Code	М	D	Y	Amount	
1 -		} <sup>-</sup>		1			
SIDNEY Full Name of Contributor	O   H	45365	0 4	1 2 ntion Nun	1 1	1,000.00	
run warne of Commonior			Registra	נישרו ווטונו	JUCE, IL F		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	- Laurence de la constante de	· ·	Registra	tion Nun	ber, if PA	AC	
Street Address	Employer/Occi	upation/Labor Organizatio	n*			Form (Cash, Check, etc.)	
Succi Addiess	Employenoce	apation caper Organizacio	,,,			irom (class choos eas)	
City	State	Zip Code	М	D	Y	Amount	
				1 1			
Full Name of Contributor	·		Registra	tion Nur	iber, if PA	AC	
Street Address	Employer/Occ	apation/Labor Organizatio	<u> </u>			Form (Cash, Check, etc.)	
Succi Address	Employenoce	apation/Lagor Organizatio	,,,			Tom (cast, check, cic.)	
City	State	Zip Code	М	D	Y	Amount	
	_						
Full Name of Contributor			Registra	tion Nur	iber, if P/	AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						1	
Full Name of Contributor Registration Number, if						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	' '						
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	•	•	Registra	ation Nun	nber, if PA	AC	
Street Address	Employer/Occ	upation/Labor Organization	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nur	iber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*			<del></del>	Form (Cash, Check, etc.)		
	' ' ' ' '						
City	State	Zip Code	М	D	Y	Amount	
<u> </u>				<del>* '</del> .			

\* Required for 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 \$	1,000.00
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