## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full                                    |   |   |                                  |               |                             |                             |                          |  |  |
|--|---|---|----------------------------------|---------------|-----------------------------|-----------------------------|--------------------------|--|--|
| The Committee to Elect Eddie                                 | Pauline                                 |   |                                  |               |                             |                             |                          |  |  |
| Full Name of Contributor                                     |   |   |                                  | Registra      | Registration Number, if PAC |                             |                          |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| Zuheir Sofia Street Address                                  | Employer                                | Occur                                   | ation/Labor Organization*        |               |                             |                             | Form (Cash, Check, etc.) |  |  |
|  | rampioyea                               | Employer/Occupation Dated Organization  |                                  |               |                             |                             | Check                    |  |  |
| 225 Stanberry Ave.   | Cta                                     | **                                      | Zip Code                         | М             | ΙD                          | ΙΥ                          | Amount                   |  |  |
| City   | Star                                    | Н                                       | 1                                | 1 .           |                             | 1                           | 250.00                   |  |  |
| Columbus   | 10                                      | 11                                      | 43209                            | 0 4           | 13<br>ation Num             |                             |                          |  |  |
| Full Name of Contributor                                     |   |   |                                  | Kegisu        | mon num                     | wei, ii ra                  | .c                       |  |  |
| Scott Brown  |   |   |                                  |               |                             |                             |                          |  |  |
| Street Address   | Employer                                | Employer/Occupation/Labor Organization* |                                  |               |                             |                             | Form (Cash, Check, etc.) |  |  |
| 4979 Claymill Dr.  |   |   |                                  |               |                             |                             | Check                    |  |  |
| City   | Sta                                     |   | Zip Code                         | М             | D                           | Y                           | Amount                   |  |  |
| Columbus   | 0                                       | H                                       | 43026                            | 0 4           |                             |                             |                          |  |  |
| Full Name of Contributor Re                                  |   |   |                                  |               |                             | Registration Number, if PAC |                          |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| Street Address Employer/Occupation/Labor Organization*       |   |   |                                  |               |                             |                             | Form (Cash, Check, etc.) |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| City   | Sta                                     | te                                      | Zip Code                         | М             | D                           | Y                           | Amount                   |  |  |
|  |   |   | }                                | 1 1           |                             |                             |                          |  |  |
| Full Name of Contributor                                     |   |   |                                  | Registr       | ation Nun                   | ber, if PA                  | C                        |  |  |
| an radio of Constitution                                     |   |   |                                  |               |                             |                             |                          |  |  |
| Street Address Employer/Occupation/Labor Organization*       |   |   |                                  |               | Form (Cash, Check, etc.)    |                             |                          |  |  |
| Steel Address  |   | amployed Statepation 2000 S-Beatland    |                                  |               |                             |                             |                          |  |  |
|  | Ste                                     | State Zip Code                          |                                  |               | D                           | Y                           | Amount                   |  |  |
| City   | 34                                      | 110                                     | Zip Code                         | M             |                             |                             |                          |  |  |
|  |   |   |                                  | Penistr       | ation Nun                   | ther if PA                  | i.C                      |  |  |
| Full Name of Contributor                                     |   |   |                                  | Kogisu        | 241(31 ) (61)               | 1001, 11 1                  |                          |  |  |
| Street Address Employer/Occupation/Labor Organization*       |   |   |                                  |               | Form (Cash, Check, etc.)    |                             |                          |  |  |
| Street Address   | Employer/Occupation/Labor Organization* |   |                                  |               |                             |                             | TOTAL CROSS, OIC.)       |  |  |
|  |   |   | -                                |               | 1 5                         | 1 1/                        |                          |  |  |
| City   | Sta                                     | ite                                     | Zip Code                         | М             | D                           | Y                           | Amount                   |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| Full Name of Contributor                                     |   |   |                                  | Registr       | ation Nun                   | nber, if P                  | AC                       |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| Street Address   | Employe                                 |   |                                  |               | Form (Cash, Check, etc.)    |                             |                          |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| City   | Sta                                     | ite                                     | Zip Code                         | М             | D                           | Y                           | Amount                   |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| Full Name of Contributor                                     | -                                       |   | Registration Number, if P.       |               |                             | NC .                        |                          |  |  |
|  |   |   |                                  | ı             |                             |                             |                          |  |  |
| Street Address   | Employe                                 | Employer/Occupation/Labor Organization* |                                  |               | Form (Cash, Check, etc.)    |                             |                          |  |  |
|  |   |   |                                  |               |                             |                             |                          |  |  |
| City   | Str                                     | ate                                     | Zip Code                         | М             | D                           | Y                           | Amount                   |  |  |
| Cuy  |   |   |                                  |               | 1                           |                             |                          |  |  |
| Full Name of Contributor                                     |   |   |                                  | Regist        | ation Nur                   | nber, if P                  | AC                       |  |  |
| Latti Mattie of Contribution                                 |   |   |                                  |               |                             |                             |                          |  |  |
| Street Address Employer/Occupation/Labor Organization*       |   |   |                                  |               |                             |                             | Form (Cash, Check, etc.) |  |  |
| Street Address Employer/Occupation/Labor Organization*       |   |   |                                  |               |                             |                             |                          |  |  |
|  |   |   | Zi- Code                         | M             | l D                         | Y                           | Amount                   |  |  |
| City   | Str                                     | RCC                                     | Zip Code                         | M             | "                           |                             | TUTOUR                   |  |  |
| equired for contributions from individuals over \$100 to str |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1                                | -1            |                             | and the                     | L                        |  |  |
| equipped for contributions from individuals over \$100 to st | newide and general assembl              | v candi                                 | usies. Il contridutor is sell-em | DIOYEUL IDE C | COLLEGISCO                  | auto use D                  | MIN OF HIS               |  |  |

\* 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 \$ 275.00