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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Andrew	Pood	es for ludge		
t an transcot Contitution		62 101 200 de	D : : : : : :	
Contributions from Form	31-1-		Registration Number, if PAC	
Street Address		mation/Labor Organization*		Form (Co.t. Ch. J )
		•		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	1 1		016 213 015	
Full Name of Contributor			Registration Number, if PAC	
Contribution from Form 31-E			Soundon Humber, III	AC .
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
	1			onii (casii, circa, ca.)
City	State	Zip Code	M D Y	Amount
			063005	150.00
Full Name of Contributor			Registration Number, if P	
Contribution from Form 31-E				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City			· 	
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			0921015	355.00
_			Registration Number, if P.	AC
Contribution from Form 31-E				
	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
			09113015	1000.00
Full Name of Contributor			Registration Number, if Pa	1
Contribution from Form 31-E				
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
City		T		
,	State	Zip Code	M D Y	Amount
Full Name of Contributor			1011802	925.00
Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
	- Project Cocup	MINOR LADOR OTGAINZAUGH		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	
	1		MDY	Amount
Full Name of Contributor	<del></del>		Registration Number, if PA	
			A Committee of the comm	
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
				onii (Casii, Check, etc.)
City	State	Zip Code	M D Y	Amount
	1			, unount
Full Name of Contributor  Registration Number, if PAC				
South Title Control of the Control o				
Street Address	Employer/Occupation/Labor Organization*		<del></del>	Form (Cash, Check, etc.)
				- STAR (CHOIR, CHC.)
City	State	Zip Code	M D Y	Amount
	- 1			
quired for contributions from individuals over \$100 to statewide and gene	eral accomplished	idaaa re	<del></del>	

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 \$ 3002.50