Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full Full Name of Contributor Howard For Jubat Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Charlest Address State Zin Code M. D. Y. Amount							
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Full Name of Contributor				Registration Number, if PAC			
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9785 9670 M47 1/h	State	Zip Code	M	D	Y	Amount	
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Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
						\$54.10	
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Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>		Contraction of the Contraction o	Form (Cash, Check, etc.)	
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Full Name of Contributor Registration Number,						AC	
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City	State	Zip Code	М	D	Y	Amount	
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wind for contributions from individuals over \$100 to statewide and get	1	and a second sec	وأة المصيدة السمس		ram and f	he name of the	

* 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 \$ 0.00