



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Columbus Community Bill of Rights PAC				
Full Name of Contributor Lynn Friedman			Registration Number, if PAC	
Street Address 2971 White Bark Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) MightyCause
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/13/2018	Amount 96.80
Full Name of Contributor Ellyn Meizlish			Registration Number, if PAC	
Street Address 7908 GreenwoodAve.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Takoma Park	State MD	Zip Code 20912	Date (MM/DD/YYYY) 09/26/2018	Amount 150.00
Full Name of Contributor Deborah Crawford			Registration Number, if PAC	
Street Address 33 Glencoe Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) MightyCause
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/17/2018	Amount 96.80
Full Name of Contributor Deborah Grayson			Registration Number, if PAC	
Street Address 1024 Clifton Hills Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45220	Date (MM/DD/YYYY) 09/26/2018	Amount 100.00
Full Name of Contributor Marcia S. Meizlish			Registration Number, if PAC	
Street Address 500 pARKVIEW aVE., aPT. 204		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/26/2018	Amount 200.00

\*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 also appear. [R.C. 3517.10(B)(4)]