

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Columbus Community Bill of Rights PAC							
Full Name of Contributor Will Perkins					Registration Number, if PAC		
Street Address 1728 Northridge Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43224	M 0	D 6	Y 2	Amount \$20.00	
Full Name of Contributor Heather Ralston					Registration Number, if PAC		
Street Address 4100 Seigman Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43213	M 0	D 6	Y 2	Amount \$25.00	
Full Name of Contributor Anita Waters					Registration Number, if PAC		
Street Address 148 Merkle Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 0	D 5	Y 0	Amount \$35.00	
Full Name of Contributor Carolyn Johnston					Registration Number, if PAC		
Street Address 245 E.9th Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43201	M 0	D 4	Y 2	Amount \$35.00	
Full Name of Contributor ComFest donation jar					Registration Number, if PAC		
Street Address PO Box 7167		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 2	Amount \$27.65	
Full Name of Contributor Ruby Marie Mobile					Registration Number, if PAC		
Street Address 926 miriam Dr. East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43204	M 0	D 6	Y 2	Amount \$25.00	
Full Name of Contributor Becca Calhoun					Registration Number, if PAC		
Street Address 2626 Dover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 2	Amount \$20.00	
Full Name of Contributor Jaime Pardo					Registration Number, if PAC		
Street Address 1635 Ringfield Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Galloway	State OH	Zip Code 43119	M 0	D 6	Y 2	Amount \$25.00	

* 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)]