



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Columbus Community Bill of Rights PAC				
Full Name of Contributor Chuck Lynd			Registration Number, if PAC	
Street Address 5384 Woodville Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/16/2018	Amount 100.00
Full Name of Contributor Carolyn Harding			Registration Number, if PAC	
Street Address 156 N. Roosevelt Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/16/2018	Amount 50.00
Full Name of Contributor Robert Studziniski			Registration Number, if PAC	
Street Address 621 Cassingham Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/16/2018	Amount 20.00
Full Name of Contributor Bob Krasen			Registration Number, if PAC	
Street Address 566 Blenheim Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/16/2018	Amount 10.00
Full Name of Contributor Sandy Bolzenius			Registration Number, if PAC	
Street Address 88 W. Blake Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 08/16/2018	Amount 20.00

*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)]