



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Columbus Community Bill of Rights PAC				
Full Name of Contributor Heather Dean			Registration Number, if PAC	
Street Address 3523 Maize Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 08/09/2018	Amount 30.00
Full Name of Contributor Lori Babbey			Registration Number, if PAC	
Street Address 10524 Ravenna Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Newton Falls	State OH	Zip Code 44444	Date (MM/DD/YYYY) 09/26/2018	Amount 25.00
Full Name of Contributor Tim Chavez			Registration Number, if PAC	
Street Address 3107 Wareham Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/16/2018	Amount 100.00
Full Name of Contributor Pat Marida			Registration Number, if PAC	
Street Address 1710 Dorsetshire Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 08/16/2018	Amount 100.00
Full Name of Contributor Ann Petrushka			Registration Number, if PAC	
Street Address 5630 Smaller Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Johnstown	State OH	Zip Code 43031	Date (MM/DD/YYYY) 08/16/2018	Amount 100.00

*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)]