

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Columbus Community Bill of Rights PAC									
Full Name of Contributor Jacobsen Fundraiser - bundled t-shirt purchases (<\$25) via check							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City		State I		Zip Code		M 0		D 4	
						Y 1		Amount 20.00	
Full Name of Contributor Jacobsen Fundraiser - bundled t-shirt purchases (<\$25) via cash							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State I		Zip Code		M 0		D 4	
						Y 1		Amount 122.00	
Full Name of Contributor Pam Patsch							Registration Number, if PAC		
Street Address 670 Greenwich St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City Worthington		State O		Zip Code H 43085		M 0		D 4	
						Y 1		Amount 25.00	
Full Name of Contributor t-shirt fundraising - bundled donations (2 shirts)							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City		State I		Zip Code		M 0		D 5	
						Y 1		Amount 40.00	
Full Name of Contributor t-shirt fundraising - bundled donations (3 shirts)							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City		State I		Zip Code		M 0		D 5	
						Y 1		Amount 75.00	
Full Name of Contributor t-shirt fundraising - bundled donations (3 shirts)							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City		State I		Zip Code		M 0		D 5	
						Y 1		Amount 40.00	
Full Name of Contributor t-shirt fundraising - bundled donations (3 shirts)							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City		State I		Zip Code		M 0		D 5	
						Y 1		Amount 60.00	
Full Name of Contributor T-shirt							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City		State I		Zip Code		M 0		D 6	
						Y 1		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **402.00**