OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Columbus Community Bill of Rights PAC

Full Name of Contributor		Registration Number, if PAC
Susan Linden		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
904 Norris Drive		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43224	07/05/2018	15.00

Full Name of Contributor		Registration Number, if PAC
Bill Lyons		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
245 Walhalla Rd.		cash

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43214	07/05/2018	10.00

Full Name of Contributor		Registration Number, if PAC
Connie Hammond		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
166 Acton Rd.		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43214	08/02/2018	100.00

Full Name of Contributor		Registration Number, if PAC
Betsy Loeb		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
402 Clinton Heights Ave.		cash

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43202	08/02/2018	10.00

Full Name of Contributor		Registration Number, if PAC
Bob Krasen		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
566 Blenheim Rd		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43214	08/02/2018	50.00

*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)]

Page Total 185.00