

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 Don Story | | | | | | Registration Number, if PAC | | | |
| Street Address 165 E. Dominion Blvd. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) cash | | | |
| City Columbus | | State OH | Zip Code 43214 | | M 0 | D 6 | Y 2 | Y 5 | Amount \$25.00 |
| 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 | Y 5 | Amount \$26.00 |
| Full Name of Contributor Sandy Bolzenius | | | | | | Registration Number, if PAC | | | |
| Street Address 88 W. Blake Avenue | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) cash | | | |
| City Columbus | | State OH | Zip Code 43202 | | M 0 | D 6 | Y 2 | Y 6 | Amount \$30.00 |
| Full Name of Contributor Michelle Phillips | | | | | | Registration Number, if PAC | | | |
| Street Address 323 N. Warren Avenue | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43204 | | M 0 | D 6 | Y 2 | Y 6 | Amount \$30.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Amount |

* 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 **\$111.00**