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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	1. D.C								
Columbus Community Bill of Ri	ghts PAC								
Full Name of Contributor					Registration Number, if PAC				
Heather Beauchamp									
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
71456 Bates Rd							check		
City	St	ate	Zip Code	М	D	Y	Amount		
Kimbolton	0	h	43749	0 7	2 0	1 6		25.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
John Howell									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
7745 Clarks Chapel Rd	j						cash		
City	St	ate	Zip Code	М	D	Y	Amount		
Athens	0	h	45701	0 7	2 0	1 6		50.00	
Full Name of Contributor			7 10701		tion Num		C	00.00	
Karyn Deibel									
Street Address	Employe	r/Occups	ation/Labor Organization*	_L			Form (Cash, Che	ck etc.)	
	Employe	i/Occupa	anon Lacor Organization						
166 W. Como Ave	<del></del>		Zip Code	М	D	Y	cash Amount		
City	1	ate h		1	1		Amount	25.00	
Columbus	0	11	43202	0 7	2 0	1 6		25.00	
Full Name of Contributor				Registra	tion Num	ber, 11 PA	C		
Michelle Phillips								ب	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
323 N. warren ave							cash	·	
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	h	43204	0 7	20	1 6		25.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Poonah Sharma									
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
3055 Willowbrook Way	†						cash		
City	St	ate	Zip Code	М	D	Y	Amount		
Dayton	lo	h	45431	0 7	20	1 6		25.00	
Full Name of Contributor				Registra	tion Num		С		
Robert Munley				1					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
4085 Sycamore Lane							cash		
City	St	ate	Zip Code	M	D	Y	Amount	<del></del>	
London	0	h	43140	1 .	2 0			25.00	
Full Name of Contributor			40140		tion Num			20.00	
				1108.5.1			.•		
Sandy Bolzenius	Employe	=/Occup	otion/Lohar Organization*				Form (Cash, Che	ck etc)	
Street Address	Employer/Occupation/Labor Organization*							ck, cic.)	
76 W. Blake Ave			7: 0-1	<u> </u>	<u> </u>	T V	cash Amount		
City	i	ate h	Zip Code	M	D	Y	Amount	E0.00	
Columbus	0	h	43202	0 7		1 6	<u></u>	50.00	
Full Name of Contributor				Kegistra	ition Num	per, if PA	ı		
Timothy Wagner								<del></del>	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
, Columbus OH 43224						,	cash		
City	St	ate	Zip Code	M	D	Y	Amount	_	
Columbus	0	h	43224	0 7	2 0	16	<u> </u>	25.00	

\* 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	\$ 250.00
0	 200.00