Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | · · · · · · · · · · · · · · · · · · · | | | | | |
|--|--|----------------------------|---------------|---|---------------|---|
| Name of Committee in Full | V 1 . DAG | | | | | |
| Columbus Community Bill of F | (ights PAC | | | | | |
| Full Name of Contributor | Registratio | | | tion Number, if PAC | | |
| Victoria Parks | | | | | | |
| Street Address | Employer/Occup | | | Form (Cash, C | Check, etc.) | |
| 220 Hardy Way | | | | | cash | |
| City | State | Zip Code | MI |) Y | Amount | |
| Worthington | $\mid o \mid h$ | 43085 | 0 7 2 | 0 1 6 | | 50.00 |
| Full Name of Contributor | | | Registration | Number, if PA | C | |
| Donation Basket - 'We The Peo | ple 2.0' documenta | arv event | İ | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, C | Check, etc.) |
| 3055 Indianola Ave | | _ | | | cash | |
| City | State | Zip Code | м |) Y | Amount | ··· |
| Columbus | $0 \mid h$ | 43214 | 1 1 | 0 1 6 | | 72.00 |
| Full Name of Contributor | | 1 40214 | | Number, if PA | C | 72.00 |
| | | | rtogisa duoir | , | | |
| James Libby Street Address | Employer/Occur | action/Labor Organization* | <u></u> | | Form (Cash, C | Thools etc.) |
| | Employer/Occupation/Labor Organization* | |] | | , , , , | |
| 11680 Cange St | | Ter out | | . 1 0 | cash | |
| City | State | Zip Code | MI | . (| Amount | 100.00 |
| Anchorage | a k | 99516 | 0 8 0 | | <u> </u> | 100.00 |
| Full Name of Contributor | | | Registration | Number, if PA | vC. | |
| Brian Harrington | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, C | Check, etc.) |
| 11 Kinnicut Rd. east | | | | | cash | |
| City | State | Zip Code | MI | Y | Amount | |
| Pound Ridge | n y | 10576 | 0 8 0 | 5 1 6 | | 50.00 |
| Full Name of Contributor | | | Registration | Number, if PA | C | |
| Hans Schaepper | | | I | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, C | Check, etc.) |
| 11590 Crafton Ave | | | | | check | |
| City | State | Zip Code | M I |) Y | Amount | |
| Redlands | c a | 92374 | 0 8 0 | 5 1 6 | | 60.00 |
| Full Name of Contributor | | | | Number, if PA | C | |
| Julia King | | | 1 | | | |
| Street Address | Employer/Occur | oation/Labor Organization* | | | Form (Cash, C | Check, etc.) |
| 2101 Glenneryre St. #G | 1 | | | | check | |
| City | State | Zip Code | MI | Y | Amount | |
| | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 92651 | 1 1 | 5 1 6 | | 83.00 |
| Laguna Beach Full Name of Contributor | | 1 72001 | | Number, if PA | | 00.00 |
| | | | rtog.suudo | rvanious, is ri | | |
| Greg Eiseman | TE-malayar/Ocay | nation/Labor Organization* | | | Form (Cash, C | Theck etc.) |
| Street Address | Employer/Occupation/Labor Organization* | | | | | check, etc.) |
| 746 E. 23rd Ave | | Ta: 5 1 | 10 17 | | cash | |
| City | State | Zip Code | | Y | Amount | 100.00 |
| Spokane | w a | 99203 | | 6 1 6 | | 100.00 |
| Full Name of Contributor | | | Registration | Number, if PA | AC . | |
| Heidi Eisemann | · · · · · · · · · · · · · · · · · · · | ., | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| 746 E. 23rd Ave | | | | | cash | |
| City | State | Zip Code | 1 . 1 | Y | Amount | ن ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ |
| Spokane | w a | 99203 | 0 8 0 | 6 1 6 | <u> </u> | 100.00 |
| المراجع والمراجع المراجع المراجع والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع و | | 11.4 10 11 1.0 | 1 1 1 | | C.1 | |

* 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 \$ | 615.00 |
|---------------|--------|