

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 Kathie Jones				Registration Number, if PAC		
Street Address 2606 Hidden Spring Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Wadsworth	State o h	Zip Code 44281	M 0	D 9	Y 1 1 1 6	Amount 25.00
Full Name of Contributor Rick Wilhelm				Registration Number, if PAC		
Street Address 826 Stephen Dr. W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus	State o h	Zip Code 43204	M 0	D 9	Y 1 1 1 6	Amount 20.00
Full Name of Contributor Susie Beiersdorfer				Registration Number, if PAC		
Street Address 359 Bradley Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Youngstown	State o h	Zip Code 44504	M 0	D 9	Y 1 1 1 6	Amount 50.00
Full Name of Contributor Square Inc. - T-shirt campaign				Registration Number, if PAC		
Street Address 156 N Roosevelt Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) direct deposit	
City Bexley	State o h	Zip Code 43209	M 0	D 9	Y 1 2 1 6	Amount 24.31
Full Name of Contributor Brynette Turner				Registration Number, if PAC		
Street Address 1665 Coberg Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus	State o h	Zip Code 43227	M 0	D 9	Y 1 3 1 6	Amount 20.00
Full Name of Contributor Dolores Whitman				Registration Number, if PAC		
Street Address 1903 Behnfeltd Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Bryan	State o h	Zip Code 43506	M 0	D 9	Y 1 3 1 6	Amount 25.00
Full Name of Contributor George Harding				Registration Number, if PAC		
Street Address 25134 Huron St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Loma Linda	State c a	Zip Code 92354	M 0	D 9	Y 1 3 1 6	Amount 50.00
Full Name of Contributor Dorri Steinhoff				Registration Number, if PAC		
Street Address 810 S. Cassinghma Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State o h	Zip Code 43209	M 0	D 9	Y 1 3 1 6	Amount 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 appear. [R.C. 3517.10(B)(4)]