

## 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 group donations from multiple CCBOR functions						Registration Number, if PAC	
Street Address 323 North Warren ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43204	M 0	D 2	Y 2	Amount 28.00	
Full Name of Contributor Michelle Phillips						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor bundled pocket donations from CCBOR meeting						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code	M 0	D 2	Y 2	Amount 40.00	
Full Name of Contributor Jaime Pardo						Registration Number, if PAC	
Street Address 1635 Ringfield Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Galloway	State OH	Zip Code 43119	M 0	D 2	Y 2	Amount 10.00	
Full Name of Contributor Charlotte Owens						Registration Number, if PAC	
Street Address PO Box 73		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Lithopolis	State OH	Zip Code 43136	M 0	D 2	Y 2	Amount 25.00	
Full Name of Contributor Karen Fries						Registration Number, if PAC	
Street Address 547 E. Tulane Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Columbus Community Bill of Rights P	State OH	Zip Code 43202	M 0	D 2	Y 2	Amount 25.00	
Full Name of Contributor Robert Krasen						Registration Number, if PAC	
Street Address 566 Blenheim Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Columbus Community Bill of Rights P	State OH	Zip Code 43214	M 0	D 2	Y 5	Amount 20.00	
Full Name of Contributor Represent Columbus						Registration Number, if PAC	
Street Address 1051 E Main St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus Community Bill of Rights P	State OH	Zip Code 43205	M 0	D 3	Y 1	Amount 126.00	
Full Name of Contributor Connie Hammond						Registration Number, if PAC	
Street Address 166 Acton Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus Community Bill of Rights P	State OH	Zip Code 43214	M 0	D 3	Y 9	Amount 100.00	

\* 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)]