

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 T-shirt purchase						Registration Number, if PAC			
Street Address 3485 Indianola Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH	Zip Code 43214		M 0	D 6	Y 2	Y 4	Amount \$25.00
Full Name of Contributor Charlotte Owens						Registration Number, if PAC			
Street Address PO Box 73			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Lithopolis		State OH	Zip Code 43136		M 0	D 6	Y 2	Y 4	Amount \$20.00
Full Name of Contributor Greg Pace						Registration Number, if PAC			
Street Address 3485 Indianola Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH	Zip Code 43214		M 0	D 6	Y 2	Y 4	Amount \$20.00
Full Name of Contributor Karyn Deibel						Registration Number, if PAC			
Street Address 166 W. Como Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43202		M 0	D 6	Y 2	Y 4	Amount \$20.00
Full Name of Contributor Patrick Smith						Registration Number, if PAC			
Street Address 104 S. Algonquin Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH	Zip Code 43204		M 0	D 6	Y 2	Y 4	Amount \$25.00
Full Name of Contributor Lynn Friedman						Registration Number, if PAC			
Street Address 2971 White Bark Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH	Zip Code 43221		M 0	D 6	Y 2	Y 4	Amount \$20.00
Full Name of Contributor Carolyn Harding						Registration Number, if PAC			
Street Address 156 N. Roosevelt Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Bexley		State OH	Zip Code 43209		M 0	D 6	Y 2	Y 4	Amount \$20.00
Full Name of Contributor Chazra Sponsel						Registration Number, if PAC			
Street Address 1136 Glen Echo Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Milford		State OH	Zip Code 45150		M 0	D 6	Y 2	Y 4	Amount \$20.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$170.00**