



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Columbus Community Bill of Rights PAC				
Full Name of Contributor Karyn Deibel			Registration Number, if PAC	
Street Address 166 Como Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/11/2018	Amount 40.00
Full Name of Contributor Pamela Libby			Registration Number, if PAC	
Street Address 11680 Cange St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Anchorage	State AK	Zip Code 88516	Date (MM/DD/YYYY) 09/26/2018	Amount 250.00
Full Name of Contributor Bandana Sales (bundled)			Registration Number, if PAC	
Street Address 88 W. Blake Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/11/2018	Amount 85.00
Full Name of Contributor E. Harrington			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) MightyCause
City	State	Zip Code	Date (MM/DD/YYYY) 09/14/2018	Amount 96.80
Full Name of Contributor Amy Bedinghaus			Registration Number, if PAC	
Street Address 1486 Westwood Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) MightyCause
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/14/2018	Amount 23.98

*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)]