Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Columbus Community Bill of Rights Pa	AC						
Full Name of Contributor				Registrat	tion Num	ber, if PA	С
Andrea Lourie							
Street Address	Employer/C	Эссира	tion/Labor Organization*				Form (Cash, Check, etc.)
2463 Dale Ave]						check
City	State		Zip Code	М	D	Y	Amount
Bexley	0	h	43209	0 6	2 2	1 6	30.00
Full Name of Contributor				Registrat	tion Num	ber, if PA	C
Betty Brown							
Street Address	Employer/C)ccupa	tion/Labor Organization*	-			Form (Cash, Check, etc.)
2604 Sherwood Rd	ŀ						cash
City	State		Zip Code	М	D	Y	Amount
Bexley	0	h	43209	0 6	2 2	1 6	100.00
Full Name of Contributor	——————————————————————————————————————					ber, if PA	
Rebecca Gurk							
Street Address	Employer/0	Occupa	tion/Labor Organization*		*****		Form (Cash, Check, etc.)
2620 Sherwood Rd	Daiproy Co Colonia De					- 1	check
City	State		Zip Code	М	D	Y	Amount
Bexley	0	h	43209	0 6	2 2	11	50.00
Full Name of Contributor			1020>			ber, if PA	
Susan Petry						-	
Street Address	Employer/C	Occupa	tion/Labor Organization*	ــــــــــــــــــــــــــــــــــــــ			Form (Cash, Check, etc.)
2630 Sherwood Rd	Employer Overquation Labor Organization						check
City	State		Zip Code	М	D	Y	Amount
	0	h	43209	0 6	l .	1 6	25.00
Bexley Full Name of Contributor	U		43207			ber, if PA	
				J. Cognosia		,	
Syneetha Kurra Street Address	Employer/	Jeenna	tion/Labor Organization*	ــــــــــــــــــــــــــــــــــــــ			Form (Cash, Check, etc.)
	Linployer	occupa	HOW LAUGH OF GAMPLERION				cash
60 S. Drexel Ave	State		Zip Code	М	D	Y	Amount
City		h	43209	0 6		1 6	25.00
Bexley	0		43209		يخصصه	ber, if PA	
Full Name of Contributor				Registra	mon rum	ioci, ii i i	
ert Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						Form (Cash Check etc.)	
eet Address Employer/Occupation/Labor Organization*					roim (casi, chos, sie.)		
	State		Zip Code	M	T D	Y	Amount
City	State	•	Zip Code	1		1	Anount
	<u> </u>		<u> </u>	Pagistra	tion Num	ber, if PA	C
Full Name of Contributor				Registra	цин иши	iber, ii FF	
	In 1 "			<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/0	Эссира	tion/Labor Organization*				rorm (Cash, Check, etc.)
			T	7.7	1 5	1 1/	Amount
City	State	:	Zip Code	М	D	Y	Anount
<u> </u>	<u> </u>		<u> </u>		<u> </u>	1 :604	<u></u>
Full Name of Contributor				Kegistra	non Nun	ber, if PA	
					Fam (Carl Charles 44)		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
	<u> </u>					1	
City	State	е	Zip Code	М	D	Y	Amount
			<u> </u>			1	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	¢	230.00
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