Page 1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Columbus Community Bill of Rights I	PAC									
Full Name of Contributor					Num	ber, if PA	AC .			
T-Shirt fundraising					Registration Number, if PAC NA					
Street Address	Employer/Occa					Form (Cash, Check, etc.)				
							cash			
City	State	Zip Code	М		D	Y	Amount			
	1		1019	elo	13	1 5	20.00			
Full Name of Contributor Registration Number, if Pa										
l l										
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
\										
City	State	Zip Code	М	Ţ	D	Y	Amount			
<u>[</u>	<u> </u>				<u> </u>]				
Full Name of Contributor			Regist	ration	Num	ber, if PA	AC .			
Street Address	Employer/Occu	pation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М] 1	D	Y	Amount			
	<u> </u>	<u> </u>	1!		<u> </u>		<u> </u>			
Full Name of Contributor					Registration Number, if PAC					
	F (0.1.0)									
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
	 	· Tairia	1 57	1 .		1				
City	State	Zip Code	M	'	D I	Y	Amount			
6.00	<u> </u>	<u></u>	Desire		N	 :6D4	C			
Full Name of Contributor Registration Number, if Pa						ac .				
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
Sueet Address	Compress Employer/Occupation/Conganization						Form (Casil, Check, etc.)			
City	State	Zip Code	М	1	D	Y	Amount			
City	State	Zap Code	'''	'	1		Anoun			
Full Name of Contributor	1 !	<u></u>	Registr	ration	Num	her if PA	AC .			
Full Name of Contributor Registration Number, if PAC										
Street Address	Form (Cash, Check, etc.)									
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)										
City	State	Zip Code	М		D	Y	Amount			
	1	1	1 1		1	1				
Full Name of Contributor					Registration Number, if PAC					
					1					
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
City	State	Zip Code	М	1	D	Y	Amount			
	1 1		1 1		1					
Full Name of Contributor Registration Number, if PA							NC .			
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
City	State	Zip Code	М		D	Y	Amount			
	1									
1.16		didatas. If asseributor is salf ann			-					

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 \$ 20.00