

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Columbus Community Bill of Rights PAC</b>									
Full Name of Contributor <b>Greg Pace</b>						Registration Number, if PAC			
Street Address <b>1362 Erickson Road</b>			Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43227</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Emily Buttermore</b>						Registration Number, if PAC			
Street Address <b>1229 Vinewood Drive</b>			Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>cash</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Joanne Wissler</b>						Registration Number, if PAC			
Street Address <b>159 Amazon Place</b>			Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>check</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Carolyn Harding</b>						Registration Number, if PAC			
Street Address <b>156 N. Roosevelt Avenue</b>			Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>check</b>			
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount

\* 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 **\$270.00**