

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Columbus Community Bill of Rights PAC						
Full Name of Contributor James Kidd				Registration Number, if PAC		
Street Address 512 Chatam Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Pickerington	State O H	Zip Code 43068	M 0 6	D 0 3	Y 1 5	Amount 30.00
Full Name of Contributor Marcia P. Meizlish				Registration Number, if PAC		
Street Address 500 S. Parkview Ave. Unit 204		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Bexlev	State O H	Zip Code 43209	M 0 6	D 1 2	Y 1 5	Amount 300.00
Full Name of Contributor T-shirt fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City	State 	Zip Code	M 0 6	D 1 5	Y 1 5	Amount 20.00
Full Name of Contributor Carol Fisher				Registration Number, if PAC		
Street Address 45 Kenyon Brook Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington	State O H	Zip Code 43085	M 0 6	D 2 5	Y 1 5	Amount 40.00
Full Name of Contributor T-shirt fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City	State 	Zip Code	M 0 6	D 2 7	Y 1 5	Amount 20.00
Full Name of Contributor Greg Pace				Registration Number, if PAC		
Street Address 3485 Indianola Ave.		Employer/Occupation/Labor Organization* Self/semi-retired/treasurer			Form (Cash, Check, etc.) cash	
City Columbus	State O H	Zip Code 43214	M 0 6	D 3 0	Y 1 5	Amount 100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State 	Zip Code	M 	D 	Y 	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State 	Zip Code	M 	D 	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 appear. [R.C. 3517.10(B)(4)]