31-A
R.C. 3517.10

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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							Registration Number, if PAC	
George T. Harding							NA	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
25134 Huron St.	retired/dir. Of Harding Hospital, Columbu						Check	
City	State	Zip Code	M	D	Y		Amount	
Loma Linda	C | A	92354	0|3	0|3	1|5		250.00	
Full Name of Contributor							Registration Number, if PAC	
Joan L. Harding							NA	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
25134 Huron St.	self/homemaker						check	
City	State	Zip Code	M	D	Y		Amount	
Loma Linda	C | A	92354	0|3	0|3	1|5		250.00	
Full Name of Contributor							Registration Number, if PAC	
Karyn Deibel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
166 Como Ave.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43214	0|3	1|6	1|5		10.00	
Full Name of Contributor							Registration Number, if PAC	
Michelle Phillips								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
323 N. Warren Ave.							cash	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43204	0|3	2|3	1|5		20.00	
Full Name of Contributor							Registration Number, if PAC	
Tekla Lewin								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5100 Kingshill Dr.							cash	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43229	0|3	2|8	1|5		10.00	
Full Name of Contributor							Registration Number, if PAC	
Karyn Deibel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
166 Como Ave.							cash	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43214	0|3	3|0	1|5		10.00	
Full Name of Contributor							Registration Number, if PAC	
Karyn Deibel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
166 Como Ave.							cash	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | h	43214	0|4	1|1	1|5		10.00	
Full Name of Contributor							Registration Number, if PAC	
Tekla Lewin								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5100 Kingshill Dr.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43229	0|4	1|7	1|5		100.00	

* 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 $ 660.00