31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens Committee for Persons with D.D.								
Full Name of Contributor						Registration Number, if PAC		
Usha Aswath								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2345 Hetter St	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43228	0 4	3 0	1 2		88.00	
Full Name of Contributor						Registration Number, if PAC		
Beverly Ryan								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
173 Longfellow Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Worthington	O H	43085	0 4	3 0	1 2		86.00	
Full Name of Contributor						Registration Number, if PAC		
Patricia K. Tietz								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5122 Longrifle Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	O H	43081	0 4	3 0	1 2		84.00	
Full Name of Contributor						Registration Number, if PAC		
Jerry N Willis								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
758 Cherry Wood Pl	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H	43230	0 4	3 0	1 2		77.00	
Full Name of Contributor						Registration Number, if PAC		
Laura B Mongold								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1299 Lake Shore Dr, Apt A	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43204	0 4	3 0	1 2		122.00	
Full Name of Contributor						Registration Number, if PAC		
Richard Grawemeyer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
192 Acton Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43214	0 4	3 0	1 2		110.00	
Full Name of Contributor						Registration Number, if PAC		
L.C. Alexander								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1232 Park Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H	43230	0 4	3 0	1 2		96.00	
Full Name of Contributor						Registration Number, if PAC		
Kimberly M Batts								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9590 Lynns Road	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Pataskala	O H	43062	0 4	3 0	1 2		95.00	

* 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 $ 758.00