

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee for Persons with DD												
Full Name of Contributor Lois A Lindsey						Registration Number, if PAC						
Street Address 13333 Juniper Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Thornville		State O H		Zip Code 43076		M 1 1		D 2 6		Y 1 4		Amount 30.00
Full Name of Contributor J P Gillis						Registration Number, if PAC						
Street Address 2917 North Star Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Upper Arlington		State O H		Zip Code 43221-2920		M 1 1		D 2 6		Y 1 4		Amount 30.00
Full Name of Contributor Joshua P Stevens						Registration Number, if PAC						
Street Address 1755 Justice Ave			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43229-1416		M 1 1		D 2 6		Y 1 4		Amount 30.00
Full Name of Contributor Dorothy Yeager						Registration Number, if PAC						
Street Address 3374 Column Dr			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43221		M 1 1		D 2 6		Y 1 4		Amount 30.00
Full Name of Contributor Kimberly Davis Hetrick						Registration Number, if PAC						
Street Address 310 Powell Road			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 1 1		D 2 6		Y 1 4		Amount 60.00
Full Name of Contributor Lynn M Banks						Registration Number, if PAC						
Street Address 1374 S 5th St			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43207		M 1 1		D 2 6		Y 1 4		Amount 60.00
Full Name of Contributor Michele Brosius						Registration Number, if PAC						
Street Address 2481 Sherwood Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43209		M 1 1		D 2 6		Y 1 4		Amount 60.00
Full Name of Contributor Denise Blackburn-Smith						Registration Number, if PAC						
Street Address 1172 Rockwood Pl			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43229-4322		M 1 1		D 2 6		Y 1 4		Amount 60.00

* 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 employers 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 \$ 360.00