

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                            |                   |                                                       |               |               |                                          |                           |  |
|----------------------------------------------------------------------------|-------------------|-------------------------------------------------------|---------------|---------------|------------------------------------------|---------------------------|--|
| Name of Committee in Full<br><b>Citizens Committee for Persons with DD</b> |                   |                                                       |               |               |                                          |                           |  |
| Full Name of Contributor<br><b>ARC Industries</b>                          |                   |                                                       |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>2879 Jonstown Rd</b>                                  |                   | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>                                                    | State<br><b>O</b> | Zip Code<br><b>H 43215</b>                            | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>0</b>                            | Amount<br><b>1,618.00</b> |  |
| Full Name of Contributor<br><b>Carolyn Rowland</b>                         |                   |                                                       |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>1600 Watermark Dr</b>                                 |                   | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>                                                    | State<br><b>O</b> | Zip Code<br><b>H 43219</b>                            | M<br><b>1</b> | D<br><b>2</b> | Y<br><b>2</b>                            | Amount<br><b>217.00</b>   |  |
| Full Name of Contributor<br><b>Carolyn Rowland</b>                         |                   |                                                       |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>1600 Watermark Dr</b>                                 |                   | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>                                                    | State<br><b>O</b> | Zip Code<br><b>H 43219</b>                            | M<br><b>1</b> | D<br><b>2</b> | Y<br><b>2</b>                            | Amount<br><b>411.00</b>   |  |
| 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                    |  |
| 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                    |  |
| 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)]

Page Total \$ 2,246.00