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 DD							
Full Name of Contributor						Registration Number, if PAC	
Karin A Crabbe							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1264 Shelby Cir	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	O | H	43068	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Patricia A Davis							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
209 Stonecroft Ct	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Pataskala	O | H	43062	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Douglas P Zimmerman							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3600 Shattuck Ave	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Anna M Oscard							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
9026 Ravine Ave	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Pickerington	O | H	43147-9611	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Tiffany M Anderson							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4511 Moraine Ave	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	O | H	43026-1849	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Debra Sherman							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Box 1084	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O | H	43086	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Elizabeth Cimprich							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
22 Stump Ln	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
London	O | H	43140-1039	1 1	2 6	1 4	30.00	
Full Name of Contributor						Registration Number, if PAC	
Bradley J Breedlove							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
644 Crofton Loop	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Delaware	O | H	43015	1 1	2 6	1 4	30.00	

* 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 $ 240.00