

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 Carolyn Rowland						Registration Number, if PAC				
Street Address 2490 Starford Dr			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check			
City Dublin		State O H		Zip Code 43016		M 0 2		D 0 2 1 2		Amount 131.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State		Zip Code		M		D		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		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		Amount
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City		State		Zip Code		M		D		Amount
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City		State		Zip Code		M		D		Amount
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City		State		Zip Code		M		D		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		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 \$ 131.00