31-A
R.C 3517.10

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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 of PAC							
Connie M. Willis								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
756 Cherry Wood Place	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O H	43230	0 5	0 5	1 1			12.00
Full Name of Contributor	**Registration Number of PAC**							
Connie M. Willis								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
756 Cherry Wood Place	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O H	43230	0 5	0 1	1 1			12.00
Full Name of Contributor	**Registration Number of PAC**							
Stacey M. Grubb								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2869 Clime Rd	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O H	43223	0 5	0 6	1 1			12.00
Full Name of Contributor	**Registration Number of PAC**							
Mary Anne Ebner								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
66 E. Broadway	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O H	43061	0 5	0 5	1 1			12.00
Full Name of Contributor	**Registration Number of PAC**							
Mary K. Madeley								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1485 College Hill Dr.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O H	43221	0 5	0 5	1 1			24.00
Full Name of Contributor	**Registration Number of PAC**							
Connie M. Willis								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
758 Cherry Wood Place	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O H	43230	0 5	0 6	1 1			11.00
Full Name of Contributor	**Registration Number of PAC**							
Linda 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 5	0 5	1 1			12.00
Full Name of Contributor	**Registration Number of PAC**							
Debra L. Rose								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2359 Gavinley Way	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O H	43220	0 5	0 5	1 1			12.00

* 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 $ 107.00