

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 Marcy B Samuel						Registration Number, if PAC			
Street Address 552 Westbury Woods Ct			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 1 2	D 1 2	Y 1 3	Amount 160.00	
Full Name of Contributor Arc Industries						Registration Number, if PAC			
Street Address 2879 Johnstown Road			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43219		M 1 2	D 1 2	Y 1 3	Amount 2,285.81	
Full Name of Contributor Diane Kaiser						Registration Number, if PAC			
Street Address 4590 Shires Court			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43220		M 1 2	D 1 2	Y 1 3	Amount 50.00	
Full Name of Contributor Jennifer A Cunningham						Registration Number, if PAC			
Street Address 880 Pine Way Dr			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Worthington		State O H	Zip Code 43085		M 1 2	D 1 2	Y 1 3	Amount 50.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	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 \$ 2,545.81