31-A
R.C. 3517.10

Page 9

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, if PAC		
Megan Weber									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
161 Cameron Drive	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Pataskala	OH	43062	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
JoLinda R. Spiegel									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
7355 Central College Rd	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
New Albany	OH	43054	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
Karen A Widmayer									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
15733 London Road	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Orient	OH	43146	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
Joseph W. Morrison									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
5164 Hatfield Dr	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43232	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
Stacey A Coriell									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4752 Powerhorn Ln	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Westerville	OH	43081	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
Sharon L. Coate									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1481 Benson Dr	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43227	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
Julie A. Manyo									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
2502 Hyacinth Ln	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43235	04	30	12		33.00		
Full Name of Contributor							Registration Number, if PAC		
Lynne Fogel									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
6597 Estate View Drive South	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Blacklick	OH	43004	04	30	12		33.00		

* 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 $ 264.00