

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                              |                              |                                                       |               |               |                                          |                        |  |
|------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|---------------|---------------|------------------------------------------|------------------------|--|
| Name of Committee in Full<br><b>Citizens Committee for Persons with D.D.</b> |                              |                                                       |               |               |                                          |                        |  |
| Full Name of Contributor<br><b>Jayne B Wasserstrom</b>                       |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>2512 Keltonhurst Ct</b>                                 |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Blacklick</b>                                                     | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43004</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>9.00</b>  |  |
| Full Name of Contributor<br><b>Nancy M Karr</b>                              |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>7415 Pickerington Rd</b>                                |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Canal Winchester</b>                                              | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43110</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>11.00</b> |  |
| Full Name of Contributor<br><b>Gretchen Geckle Brooks</b>                    |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>933 Ridenour Rd</b>                                     |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Gahanna</b>                                                       | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43230</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>11.00</b> |  |
| Full Name of Contributor<br><b>Linda Lee Dudley</b>                          |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>4065 E Mound St</b>                                     |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Columbus</b>                                                      | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43227</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>11.00</b> |  |
| Full Name of Contributor<br><b>Mary Anne Ebner</b>                           |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>66 E Broadway</b>                                       |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Westerville</b>                                                   | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43081</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>11.00</b> |  |
| Full Name of Contributor<br><b>Brian K Parks</b>                             |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>348 Parkdale Road</b>                                   |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>West Jefferson</b>                                                | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43162</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>44.00</b> |  |
| Full Name of Contributor<br><b>Kristi Laslo</b>                              |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>468 McPherson Drive</b>                                 |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Blacklick</b>                                                     | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43004</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>77.00</b> |  |
| Full Name of Contributor<br><b>Edralin L Wiltsie</b>                         |                              |                                                       |               |               | Registration Number, if PAC              |                        |  |
| Street Address<br><b>3554 Sunny Glen Pl</b>                                  |                              | Employer/Occupation/Labor Organization*<br><b>N/A</b> |               |               | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Columbus</b>                                                      | State<br><b>O</b>   <b>H</b> | Zip Code<br><b>43224</b>                              | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>3</b>                            | Amount<br><b>22.00</b> |  |

\* 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. [RC 3517.10(B)(4)]

Page Total \$ 196.00