

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						Registration Number, if PAC			
Robert Lee Thomas									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1506 Denbigh Drive			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Columbus			O H		43220	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Brian Turley									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
358 Preswicke Mill			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Blacklick			O H		43004	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Dorothy V Yeager									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3374 Column Drive			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Columbus			O H		43221	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Amy B Lybanger									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
521 Radcliff Dr			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Westerville			O H		43082	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Thomas R Jude									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2154 Jade St			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Grove City			O H		43123	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Jennifer M Schueneman									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7464 Frasier Road			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Westerville			O H		43082	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Denise Blackburn-Smith									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1172 Rockwood Pl			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
Columbus			O H		43229	1 2	1 2	1 3	25.00
Full Name of Contributor						Registration Number, if PAC			
Kristopher Oest									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7017 Stapleton Dr			N/A			Check			
City			State		Zip Code	M	D	Y	Amount
New Albany			O H		43054	1 2	1 2	1 3	25.00

* 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 \$ 200.00