

Statement of Contributions Received

Revised by Secretary of State 3/05

Name of Contributor							
Citizens Committee for Persons with DD							
Full Name of Contributor				Registration Number, if PAC			
Carolyn C. Rowland							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
1600 Watermark Dr.		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0 1	2 8	1 6	259.00	
Full Name of Contributor				Registration Number, if PAC			
ARC Industries							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
2879 Johnstown Rd		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43219	0 1	2 8	1 6	2,500.00	
Full Name of Contributor				Registration Number, if PAC			
Carolyn C. Rowland							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
1600 Watermark Dr.		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0 6	0 6	1 6	201.00	
Full Name of Contributor				Registration Number, if PAC			
Carolyn C. Rowland							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
1600 Watermark Dr.		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0 6	0 6	1 6	80.00	
Full Name of Contributor				Registration Number, if PAC			
Carolyn C. Rowland							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
1600 Watermark Dr.		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0 6	0 6	1 6	79.00	
Full Name of Contributor				Registration Number, if PAC			
Carolyn C. Rowland							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
1600 Watermark Dr.		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0 6	0 6	1 6	59.00	
Full Name of Contributor				Registration Number, if PAC			
Carolyn C. Rowland							
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
1600 Watermark Dr.		N/A		Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	0 6	0 6	1 6	56.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Other Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals who are \$100 or more in state and general assembly candidates. If contribution is from employer, the employer and the name of the individual's business, if any, rather than employer should be listed. If you are an employer's contribution, the payroll deduction and not the aggregate of \$100, the name of the organization to which the employer's contribution is being made, must appear. (P.C. 3517.10(3)(4))

Page Total \$ 3,234.00