

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee or Full									
Citizens Committee for Persons with D.D.									
Full Name of Contributor					Registration Number, if PAC				
Christopher L Lane									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
509 Hanford St.		N/A					check		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43206	1	1	3	0	1	1	35.00
Full Name of Contributor					Registration Number, if PAC				
ARC Industries, Inc.									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2879 Johnstown Road		*N/A					check		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43219	1	1	3	0	1	1	275.00
Full Name of Contributor					Registration Number, if PAC				
Down Syndrome Association of Central Ohio									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
510 E North Broadway		N/A					check		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43214	1	1	3	0	1	1	250.00
Full Name of Contributor					Registration Number, if PAC				
Sara L. McMullen									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3679 Kilkenny Dr.		N/A					check		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43221	1	1	3	0	1	1	30.00
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)]