31-A
R.C. 3517.10

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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							
OAPSE AFSCME Turnaround Ohio PAC	LA 1269							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6805 Oak Creek Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43229	10	14	11		300.00	
Full Name of Contributor	Registration Number, if PAC							
Living Skills Center Bixby Parent Support Group								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4200 Bixby Road	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Groveport	OH	43215	10	14	11		100.00	
Full Name of Contributor	Registration Number, if PAC							
Living Skills Center Bixby Parent Support Group								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4200 Bixby Road	N/A						cash	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	10	14	11		5.00	
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	10	14	11		1,500.00	
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	OH	43221	10	14	11		30.00	
Full Name of Contributor	Registration Number, if PAC							
Kurt F. Smith								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2725 Field Post Ct	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Hilliard	OH	43026	10	14	11		30.00	
Full Name of Contributor	Registration Number, if PAC							
Victoria L. Gloyd								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6959 Tanya Ter.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Reynoldsburg	OH	43068	10	14	11		30.00	
Full Name of Contributor	Registration Number, if PAC							
Lee E. Childs								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
104 Williard Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Pickerington	OH	43147	10	14	11		30.00	

* 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 received 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 $ 2,025.00