

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                           |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
|---------------------------------------------------------------------------|--|---------------------|------------------------------------------------------|--------------------------|--|-----------------------------|------------------------------------------|---------------|--|-----------------|--|
| Name of Committee/Unit<br><b>Citizens Committee for Persons with D.D.</b> |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>Annemarie H. Srba</b>                      |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>6837 E Walnut Street</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 H</b> |                                                      | Zip Code<br><b>43081</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>50.00</b>                                                    |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>Clarice E. Pavlick</b>                     |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>80 Amazon Place</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 H</b> |                                                      | Zip Code<br><b>43214</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>50.00</b>                                                    |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>James R. Fisher</b>                        |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>@854 Churchill Drive</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 H</b> |                                                      | Zip Code<br><b>43221</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>20.00</b>                                                    |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>Linda J Gerber</b>                         |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>4720 Esterbook Road</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 H</b> |                                                      | Zip Code<br><b>43229</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>30.00</b>                                                    |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>ARC Industries East</b>                    |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>909 Taylor Station Road</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 H</b> |                                                      | Zip Code<br><b>43230</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>3,944.00</b>                                                 |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>Peggy M Martin</b>                         |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>6189 McNaughten Grove Lane</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 H</b> |                                                      | Zip Code<br><b>43213</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>100.00</b>                                                   |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>Frederick G. Cloppert, Jr.</b>             |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>1940 Ridgeview Road</b>                              |  |                     | Employer/Occupation/Labor Organization<br><b>N/A</b> |                          |  |                             | Form (Cash, Check, etc.)<br><b>check</b> |               |  |                 |  |
| City<br><b>Upper Arlington</b>                                            |  | State<br><b>O H</b> |                                                      | Zip Code<br><b>43221</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>200.00</b>                                                   |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |
| Full Name of Contributor<br><b>Judith Brachman</b>                        |  |                     |                                                      |                          |  | Registration Number, if PAC |                                          |               |  |                 |  |
| Street Address<br><b>311 N. Drexel Ave</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 H</b> |                                                      | Zip Code<br><b>43209</b> |  | M<br><b>1</b>               |                                          | D<br><b>0</b> |  | Y<br><b>1 1</b> |  |
| Amount<br><b>250.00</b>                                                   |  |                     |                                                      |                          |  |                             |                                          |               |  |                 |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, use occupation and the name of the individual's business, if any; other 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 \$ 4,644.00