

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 Unknown contributor despite best efforts-from bank reconciliation.						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		N/A					
City	State	Zip Code	M	D	Y	Amount	
			0	2	0	6	1 3 80.00
Full Name of Contributor Carolyn Rowland						Registration Number, if PAC	
Street Address 1600 Watermark Drive		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 0	5	1 3 110.00
Full Name of Contributor Carolyn Rowland						Registration Number, if PAC	
Street Address 1600 Watermark Drive		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 0	5	1 3 61.00
Full Name of Contributor Special Olympics						Registration Number, if PAC	
Street Address 2879 Johnstown Road		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 0	D 3	Y 0	5	1 3 2,443.00
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	

* 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 \$ 2,694.00