31-A
R.C. 3517.10

Page 19

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	
Marcia Backus								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1513 N Hague Avenue	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43204	05	30	12		12.00	
Full Name of Contributor							Registration Number, if PAC	
Claudia M. Simmons								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2523 Edsel Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43207	05	30	12		22.00	
Full Name of Contributor							Registration Number, if PAC	
Joseph W Morrison								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3164 Hatfield Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43232	05	30	12		22.00	
Full Name of Contributor							Registration Number, if PAC	
Susan Kerr Gibson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1974 Wyandotte Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43212	05	30	12		712.00	
Full Name of Contributor							Registration Number, if PAC	
Judith Donnelly								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5308 Conklin Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Hilliard	O H	43026	05	30	12		96.00	
Full Name of Contributor							Registration Number, if PAC	
Mary Anne Ebner								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
66 E Broadway	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	O H	43026	05	30	12		12.00	
Full Name of Contributor							Registration Number, if PAC	
Teressa M. Johnson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2724 Wildwood Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43026	05	30	12		12.00	
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	

* 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 $ 888.00