31-A
R.C. 3517.10

Page 7

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				
Teri P. Fowler							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7858 Iris Court	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	OH	43110	09	01	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Thomas R. Jude							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2154 Jade St.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	08	30	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Marion L Milby							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
9675 La Ctina Cir.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Plain City	OH	43064	09	14	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Megan E Willcoxon							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3696 Kilbreck Dr.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43228	09	21	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Mary Beth Benish							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
187 Mallory Ln	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	OH	43004	09	17	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Crystal D. Schneider							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
824 Ross Rd	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43213	09	22	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Linda K. Brownley							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5703 Concord Hill Drive	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43213	09	24	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Nathaniel A. Cates							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
187 N 20th St	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43203	09	15	10	25.00	

* 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 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 $ 200.00