31-A
R.C. 3517.10

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	
Michael E. Boggs								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
P.O. Box 234	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Commercial Point	OH	43116	04	30	12		169.00	
Full Name of Contributor							Registration Number, if PAC	
Bernadine R. Thurn								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1025 Arcaro Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43230	04	30	12		157.00	
Full Name of Contributor							Registration Number, if PAC	
Lori A. Perry								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8612 Swisher Creek Crossing	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
New Albany	OH	43054	04	30	12		132.00	
Full Name of Contributor							Registration Number, if PAC	
Victoria D. McClenaghan								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
75 S. Vine St	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43061	04	30	12		363.00	
Full Name of Contributor							Registration Number, if PAC	
Linda Luft Jone								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3493 Chantilly St	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43207	04	30	12		231.00	
Full Name of Contributor							Registration Number, if PAC	
Betty Dover								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1499 Bolingbrook Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43228	04	30	12		11.00	
Full Name of Contributor							Registration Number, if PAC	
Kimberly M Bates								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9590 Lynns Road	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Pataskala	OH	43062	04	30	12		11.00	
Full Name of Contributor							Registration Number, if PAC	
Gail Clark Adams								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7584 Burkey Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Reynoldburg	OH	43068	04	30	12		11.00	

* 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 $ 1,085.00