31-A
R.C. 3517.10

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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	
Linda Lee Dudley							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4065 E. Mound St	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43227	09	15	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Tamika S. Lewis							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6306 Falla Dr.	N/A						check
City	State	Zip Code	M	D	Y		Amount
Canal Winchester	OH	43110	09	24	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Lindsey Musser							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
614-678-6137	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH		09	09	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Victoria L. Foeller							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4564 Mount Rushmore Ct	N/A						check
City	State	Zip Code	M	D	Y		Amount
Gahanna	OH	43230	08	19	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Joseph Walter Edwards							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3884 Patricia Dr.	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	08	19	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Tamara J Fields							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
604 Rocky Fork Blvd	N/A						check
City	State	Zip Code	M	D	Y		Amount
Gahanna	OH	43230	08	31	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Laurie A. Green Lauber							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
307 Tibet Rd.	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43202	09	07	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Anna Oscard							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
9026 Ravine Ave.	N/A						check
City	State	Zip Code	M	D	Y		Amount
Pickerington	OH	43147					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