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	
Living Skills Center				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4200 Bixby Road	N/A			check
City	**State**	**Zip Code**	**M D Y**	**Amount**
Columbus	OH	43125	08 22 11	105.00

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**

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City	**State**	**Zip Code**	**M D Y**	**Amount**

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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 $ 105.00