31-A
R.C. 3517.10

Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens Committee for Persons with DD						
Full Name of Contributor					Registration Number, if PAC	
Silicia M Hedges						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5219 Spring Beauty CT	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Gahanna, OH	O | H	43230	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Robert Lee Thomas						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1506 Denbigh Drive	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O | H	43220	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Ronna Norman						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
2846 Buxton Lane	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Grove City	O | H	43123	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Greta Oneal						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5128 Beacon Hill Rd	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O | H	43226	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Carrie A McDonald						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4200 Bixby Rd	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Groveport	O | H	43125	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Christine M Parker						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
2830 Columbus Ave	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Bexley	O | H	43209	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Anna Dickson Oscad						
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	O | H	43147	0|9	2|6	1|3	25.00
Full Name of Contributor					Registration Number, if PAC	
Debora Evans						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3325 Blodwen Cir	N/A					Check
City	State	Zip Code	M	D	Y	Amount
Grove City	O | H	43123	0|9	2|6	1|3	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