

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			
Marcy B Samuel									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
552 Westbury Woods Ct			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Westerville	O H	43081	1 2	0 3	1 2	60.00			
Full Name of Contributor						Registration Number, if PAC			
Carrie L Vamos									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5688 Nike Dr			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Hilliard	O H	43026	1 2	0 3	1 2	30.00			
Full Name of Contributor						Registration Number, if PAC			
Linda Flemming									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1452 Sedgefield Dr			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
New Albany	O H	43054	1 2	0 3	1 2	30.00			
Full Name of Contributor						Registration Number, if PAC			
Christine M Lopez									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
217 E Lakeview Ave			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	O H	43202	1 2	0 3	1 2	30.00			
Full Name of Contributor						Registration Number, if PAC			
Barbara E Campbell									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2226 Nottingham Road			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	O H	43221	1 2	0 3	1 2	30.00			
Full Name of Contributor						Registration Number, if PAC			
Kristin A McLaughlin									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1383 Pinnacle Club Rd			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Grove City	O H	43123	1 2	0 3	1 2	30.00			
Full Name of Contributor						Registration Number, if PAC			
Dianne S Kimberling									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
251 Brookhaven Dr N			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Gahanna	O H	43230	1 2	0 3	1 2	30.00			
Full Name of Contributor						Registration Number, if PAC			
Lynn M Banks									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1374 S Fifth Street			N/A			Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	O H	43207	1 2	0 3	1 2	60.00			

* 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 \$ 300.00