

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Commission or Fund Citizens Committee for Persons with D.D.						
Full Name of Contributor Nikki M. Williams				Registration Number, if PAC		
Street Address 4024 Etna Street		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Whitehall	State O H	Zip Code 43213	M 0	D 4	Y 1 2 1 1	Amount 33.00
Full Name of Contributor Janice L Case				Registration Number, if PAC		
Street Address 697 Latham Ct		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 1 1 1 1	Amount 99.00
Full Name of Contributor Sarah B. Haring				Registration Number, if PAC		
Street Address 170 W. Brighton Rd.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43202	M 0	D 4	Y 1 1 1 1	Amount 70.00
Full Name of Contributor Lynette A Jones				Registration Number, if PAC		
Street Address 4104 Stockade Pl		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 1 1 1 1	Amount 20.00
Full Name of Contributor Victoria D. McClenaghan				Registration Number, if PAC		
Street Address 75 S Vine St.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43081	M 0	D 4	Y 1 1 1 1	Amount 141.00
Full Name of Contributor Susan Kerr Gibson				Registration Number, if PAC		
Street Address 1974 Wyandotte Rd		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43212	M 0	D 4	Y 1 2 1 1	Amount 12.00
Full Name of Contributor Cynthia B. Moore				Registration Number, if PAC		
Street Address 8186 Newark Ave		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43081	M 0	D 4	Y 1 1 1 1	Amount 116.00
Full Name of Contributor N. Ruth Marple				Registration Number, if PAC		
Street Address 5118 Hatfeild Dr		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43227	M 0	D 4	Y 0 1 1 1	Amount 88.00

* 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. [RC 3517 10(B)(4)]