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Statement of Contributions Received

	Prescribed by Se	cretary of State 3/05		_		
Name of Committee in Full						
Citizens Committee for Persons	with DD					
Full Name of Contributor		Registra	Registration Number, if PAC			
Karen F McDaniel						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
101 Forbidden Lakes CT	1 ' '	N/A				. (,,
City	State	Zip Code	Тм	D	Y	Amount
Johnstown	ОН	43031	I	1	1:4	
Full Name of Contributor	јо п	43031	0 1			
			Registra	tion Num	ber, if PA	C C
Denise Blackburn-Smith						
Street Address	· · ·	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1172 Rockwood Pl	N/A	N/A				Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43229	0.1	2.4	1.4	25.00
Full Name of Contributor	<u> </u>	<u>-</u>			ber, if PA	
Janet C Wilbur						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				
147 Leyland Ave	N/A	according to the second				Form (Cash, Check, etc.) Check
City	State	Zip Code		I 6	T 37	<u> </u>
		1 '	M	D	Υ	Amount
Columbus	O ! H	43214		•	1 4	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
ARC Industries						
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)
2879 Johnstown Rd	N/A					Check
City	State	Zíp Code	М	D	Y	Amount
Columbus	ОН	43219	0 1	214	1 4	2,137.10
Full Name of Contributor					ber, if PA	
David A Nadolny						· -
Street Address	Employari Occup	ation(Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
175 Kenbrook Dr	' ' '	Employer/Occupation/Labor Organization*				
City	N/A	Tee es .		r		Check
•	State	Zip Code	M	D	Y	Amount
Worthington	0 н	43085	0,1		1 4	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Lynn M Banks						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				
1374 S 5th St	N/A	N/A				Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОІН	43207	0.1	2.4	1:4	75.00
Full Name of Contributor	0 11	1020.			her if PA	
Diane Kaiser			i vegisita	iion i vain		
Street Address	- IEmalo		<u> </u>		_	F - (C-1 Cl-1)
	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4590 Shires Ct	N/A					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43220	0:1	2.4	1 4	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
David A Nadolny						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cheek, etc.)
175 Kenbrook Dr	N/A	N/A				Check
City	State	Zip Code	М	D	Y	Amount
Worthington	ОН	43085	0 1		1 4	25.00
TOTHINKOIL	10:11	10000	[U+L	<u> </u>	_ I 'I	25.00

Page Total S 2,387.10

^{*} 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)]