31-A
R C 3517 10

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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			
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	0	1	2	7	1	1	175.00	
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	1	2	7	1	1	125.00	
Full Name of Contributor							Registration Number, if PAC			
Terrance W. Heck										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
6834 Spring Run Drive	N/A								check	
City	State	Zip Code	M		D		Y		Amount	
Westerville	O H	43082	0	1	2	7	1	1	75.00	
Full Name of Contributor							Registration Number, if PAC			
Carolyn Rowland										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
2490 Starford Dr	N/A								check	
City	State	Zip Code	M		D		Y		Amount	
Dublin	O H	43016	0	1	1	9	1	1	231.00	
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	
Groverport	O H	43125	0	1	1	4	1	1	650.00	
Full Name of Contributor							Registration Number, if PAC			
ARC Industries, Inc										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
2879 Johnstown Road	N/A								check	
City	State	Zip Code	M		D		Y		Amount	
Columbus	O H	43219	0	1	2	7	1	1	809.00	
Full Name of Contributor							Registration Number, if PAC			
ARC Industries, Inc										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
2879 Johnstown Road	N/A								check	
City	State	Zip Code	M		D		Y		Amount	
Columbus	O H	43219	0	1	2	7	1	1	2,091.00	
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	

* 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 account for aggregate of $100, the labor organization of which the employees are members, if any, must appear. [R C 3517 10(B)(4)]

Page Total $ 4,156.00