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 DD								
Full Name of Contributor							Registration Number, if PAC	
Silicia Hedges								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5912 Spring Beautty Court	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H	43230	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Gregory E Bucher								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
354 Barnes Drive	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43229	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Michelle D Mineo								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
783 Cassingham Rd.	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	O H	43209	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Kathyrn A Hopper								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
252 Deep Meadow Dr	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H	43230	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
David A Nadolny								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
175 Kenbrook Dr	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Worthington	O H	43085	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Laura W Roberts								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5414 Bennington Woods Ct	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43220	10	02	12		30.00	
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	10	02	12		3,575.00	
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 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 $ 3,755.00