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	
Rose M. Sawyers								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1160 Belle Meade Pl.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	10	05	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Sandra M. Ford								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
86 S Powell Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43204	10	07	10			20.00
Full Name of Contributor							Registration Number, if PAC	
Jason K. Justice								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9023 Barley Loft Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43240	10	08	10			10.00
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	OH	43081	10	05	10			50.00
Full Name of Contributor							Registration Number, if PAC	
Sharon Edwards Shelton								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4540 Bayshire Road	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Groveport	OH	43125	10	07	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Bonny A. Francisco								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1101 Smoke Burr Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	10	07	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Ivory V. Havener								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1944 Edenburgh Dr. E.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43219	10	07	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Michael P. Japack								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1246 W 1st Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43212	10	08	10			20.00

* 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 $ 140.00