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	
Carrie A. McDonald								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2591 Petzinger Rd, Apt K.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43209	10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Pamela F. Sonagere								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1223 Park Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H		10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
John B. Wick								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
P.O. Box 8657	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Newark	O H	43058	10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Wendy G Mandel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1420 Four Star Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Galloway	O H	43119	10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Tammie Lynne Brindza								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2799 Pheasant Field Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Hilliard	O H	43026	10	14	11		60.00	
Full Name of Contributor							Registration Number, if PAC	
Carol Rowland								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1600 Watermark	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43215	10	14	11		173.00	
Full Name of Contributor							Registration Number, if PAC	
Katherine A. Scott Dugal								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5385 Haverhill Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Dublin	O H	43017	10	14	11		30.00	
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 aggregate $100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total $ 383.00