

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 Michael Russell						Registration Number, if PAC			
Street Address 6719 Jennynn Way			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O	H H	Zip Code 43110		M 1	D 2	Y 0	Amount 60.00
Full Name of Contributor Susan B. Weisheimer						Registration Number, if PAC			
Street Address 6412 Havens Corners			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Blacklick		State O	H H	Zip Code 43004		M 1	D 2	Y 0	Amount 30.00
Full Name of Contributor Dorothy V Yeager						Registration Number, if PAC			
Street Address 3374 Column Drive			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O	H H	Zip Code 43221		M 1	D 2	Y 0	Amount 30.00
Full Name of Contributor Timothy R Voigt						Registration Number, if PAC			
Street Address 903 Wellsley Way			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Palin City		State O	H H	Zip Code 43064		M 1	D 2	Y 0	Amount 80.00
Full Name of Contributor Brenda L Isenhardt						Registration Number, if PAC			
Street Address 2312 Woodcreek Pl			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Powell		State O	H H	Zip Code 43065		M 1	D 2	Y 0	Amount 30.00
Full Name of Contributor Carrie A McDonald						Registration Number, if PAC			
Street Address 4200 Bixby Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Groveport		State O	H H	Zip Code 43215		M 1	D 2	Y 0	Amount 35.00
Full Name of Contributor Angela T Ray, Phd.						Registration Number, if PAC			
Street Address 1124 Lori Lane			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Westerville		State O	H H	Zip Code 43081		M 1	D 2	Y 0	Amount 30.00
Full Name of Contributor Anne N Watson						Registration Number, if PAC			
Street Address 4920 Barnhurst Lane			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Hilliard		State O	H H	Zip Code 43026		M 1	D 2	Y 0	Amount 30.00

* 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: \$ 325.00