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	
Michele Brosius								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2481 Sherwood Road	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	10	02	12		60.00	
Full Name of Contributor							Registration Number, if PAC	
Debra Sherman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3055 Columbus Rd	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Centerburg	OH	43011	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Gina A Sterricker								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6740 Springview	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43082	10	02	12		26.00	
Full Name of Contributor							Registration Number, if PAC	
Denise B. Greiner								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2343 Summit Street	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43202	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Mariann Bush								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2837 Lakewood Dr	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43231	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
David L Harvey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
535 Beckler Ln	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Delaware	OH	43015	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Jed W Morison								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2572 Brentwood Rd	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	10	02	12		30.00	
Full Name of Contributor							Registration Number, if PAC	
Christine M Parker								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2830 Columbus Ave	N/A						Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	10	02	12		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 $ 266.00