31-A
R.C. 3517.10

Page 12

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	
David T. Oneil								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
241 Harrison Street	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Galena	O H	43021	10	14	11		180.00	
Full Name of Contributor							Registration Number, if PAC	
Danielle S Smith								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1059 Schauer 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	
Barbara Nesser								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1546 Mariner Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Reynoldsburg	O H	43068	10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Anna M. Dickson Oscard								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9026 Ravine Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Pickerington	O H	43147	10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Dianne S. Kimberling								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
251 Brookhaven Drive N.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H	43230	10	14	11		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	14	11		8,188.83	
Full Name of Contributor							Registration Number, if PAC	
Megan Willcoxon								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3696 Klibreck Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43228	10	14	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Christine A. Reese								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4989 Blendon Pond Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	O H	43081	10	14	11		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 $ 8,548.83