

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 Greta ONeal						Registration Number, if PAC			
Street Address 5128 Beacon Hill Rd.				Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43228		M 0	D 8	Y 0	Amount 60.00
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
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
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
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City		State		Zip Code		M	D	Y	Amount
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City		State		Zip Code		M	D	Y	Amount
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City		State		Zip Code		M	D	Y	Amount
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 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 \$ 60.00