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							
Chizuko S Miller								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
147 N Belmar Dr	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Reynoldsburg	O H	43068	11	03	11			30.00
Full Name of Contributor	**Registration Number, if PAC**							
Delphine N. Thomin								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
P.O. Box 10711	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O H	43201	11	03	11			30.00
Full Name of Contributor	**Registration Number, if PAC**							
Mary Brooks								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2088D Dornbin Drive	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Rynoldburg	O H	43068	11	03	11			30.00
Full Name of Contributor	**Registration Number, if PAC**							
Janet C. Wilbur								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
147 Leland Ave	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O H	43214	11	03	11			30.00
Full Name of Contributor	**Registration Number, if PAC**							
ARC Industries, Inc. - 1990's fund raisers								
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	11	03	11			72,950.23
Full Name of Contributor	**Registration Number, if PAC**							
Norma Jean Williams								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
174 Overbrook Dr.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O H	43214	11	03	11			100.00
Full Name of Contributor	**Registration Number, if PAC**							
Invo Health Care Associates, Inc.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1780 Kendarbren Drive	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Jamison	P A	18929	11	03	11			100.00
Full Name of Contributor	**Registration Number, if PAC**							
Susan E. Lee								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2164 Forestwind Dr.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Grove City	O H	43123	11	03	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 $ 73,300.23