

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 Christine J Andrews				Registration Number, if PAC		
Street Address 4537 Claybrun Dr W		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0	D 5	Y 1 0 1 1	Amount 306.00
Full Name of Contributor Annemarie H. Srba				Registration Number, if PAC		
Street Address 6837 E. Walnut St.		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0	D 5	Y 2 5 1 1	Amount 50.00
Full Name of Contributor Lyn Herron				Registration Number, if PAC		
Street Address 7618 Benderson Drive		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 5	Y 2 5 1 1	Amount 10.00
Full Name of Contributor Kathleen A Moran				Registration Number, if PAC		
Street Address 423 Potomac Ave		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 5	Y 2 5 1 1	Amount 50.00
Full Name of Contributor Pamela R. Lenahan				Registration Number, if PAC		
Street Address 1344 Windtree Court		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0	D 5	Y 2 5 1 1	Amount 20.00
Full Name of Contributor Kevin M McGinn				Registration Number, if PAC		
Street Address 325 Piney Creek Drive		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0	D 5	Y 2 5 1 1	Amount 10.00
Full Name of Contributor Emily J. Sherman				Registration Number, if PAC		
Street Address 6561 Deer Knolls Dr.		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Huber Heights	State O H	Zip Code 45424	M 0	D 5	Y 2 5 1 1	Amount 20.00
Full Name of Contributor Living Skills Center				Registration Number, if PAC		
Street Address 4200 Bixby Road		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Groveport	State O H	Zip Code 43125	M 0	D 4	Y 1 8 1 1	Amount 195.00

* Required for contributions from individuals over \$100 in statewide and general assembly campaigns. 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 name, organization of which the employees are members, if any, must appear. [RC 3517 10(B)(4)]