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 | | |
| Susan Kerr Gibson | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 1974 Wyandotte Road | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Columbus | O H | 43212 | 0 4 | 3 0 | 1 2 | | | 12.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Beth Walter | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 160 Dorrence Rd | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Granville | O H | 43023 | 0 4 | 3 0 | 1 2 | | | 12.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Kristen Hileman | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 6144 Stockton Trail Way | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Columbus | O H | 43213 | 0 4 | 3 0 | 1 2 | | | 11.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Maura Ann Bills | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 8287 Catalpa Ridge Drive | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Blacklick | O H | 43004 | 0 4 | 3 0 | 1 2 | | | 11.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Demetria M Barnes | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 2102 Acadia Place | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Reynoldsburg | O H | 43068 | 0 4 | 3 0 | 1 2 | | | 22.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Stephanie R, Cottrill | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 8309 Skelton Ct | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Blacklick | O H | 43004 | 0 4 | 3 0 | 1 2 | | | 22.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Katie Leedy | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 5238 Garand Drive | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Westerville | O H | 43081 | 0 4 | 3 0 | 1 2 | | | 22.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| S. Jean Goss | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| 603 Dunoon Drive | N/A | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | | Amount | |
| Gahanna | O H | 43230 | 0 4 | 3 0 | 1 2 | | | 22.00 | |

* 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 $ 134.00