31-A
R.C. 3517.10

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						Registration Number, if PAC	
Diane Kaiser							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4590 Shires Court	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43220	0 2	0 5	1 5	90.00	
Full Name of Contributor						Registration Number, if PAC	
Robert Lee Thomas							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1506 Denbigh Drive	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43220	0 2	0 5	1 5	150.00	
Full Name of Contributor						Registration Number, if PAC	
Dotti Ellingsworth							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
27 Acton Road	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43214	0 2	0 5	1 5	30.00	
Full Name of Contributor						Registration Number, if PAC	
Barbara E. Michael Jones							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1005 Chelsea Ave	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Bexley	O H	43209	0 2	0 5	1 5	30.00	
Full Name of Contributor						Registration Number, if PAC	
Michael Berry							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
366 Cheyenne Dr	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	0 2	0 5	1 5	30.00	
Full Name of Contributor						Registration Number, if PAC	
Todd M McMullen							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3679 Kilkenny Dr.	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43221	0 2	0 5	1 5	30.00	
Full Name of Contributor						Registration Number, if PAC	
Erin E. Bowlin							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1457 Cranwood Dr	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43229	0 2	0 5	1 5	30.00	
Full Name of Contributor						Registration Number, if PAC	
Mary Brooks							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2088d Dorbin Drive	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldburg	O H	43068	0 2	0 5	1 5	60.00	

* 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 $ 450.00