31-A
R.C. 3517.10

Page 18

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				
Kathleen D Murphy							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
180 E Clearview Ave	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	OH	43085	10	19	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Angela E. Ray. Ph.D.							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1124 Lori Lane	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	11	03	10	50.00	
Full Name of Contributor			Registration Number, if PAC				
Shelly K. Brokaw							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1839 Queensbridge Dr.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43235	10	19	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Diane S Kaiser							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4590 Shires Ct	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43220	11	05	10	75.00	
Full Name of Contributor			Registration Number, if PAC				
Rita M. Larkin							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
647 Rockbridge Rd.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	09	30	10	25.00	
Full Name of Contributor			Registration Number, if PAC				
Hedi G. Hillyer							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
910 Faculty Dr.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	11	13	10	75.00	
Full Name of Contributor			Registration Number, if PAC				
Teressa R. Durbin							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5969 Grove City Rd.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	11	09	10	50.00	
Full Name of Contributor			Registration Number, if PAC				
Northeast Parent Group							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
500 N. Hamilton Rd.	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	11	29	10	1,198.77	

* 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 $ 1,523.77