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	
Debby S Koons								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2596 Bristol Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Upper Arlington	OH	43221	09	30	10			25.00
Full Name of Contributor							Registration Number, if PAC	
Kim O'Brien								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43271	09	30	10			25.00
Full Name of Contributor							Registration Number, if PAC	
Kristin A. McLaughlin								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5398 Blue Bell Ct.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	06	10			125.00
Full Name of Contributor							Registration Number, if PAC	
Kathryn A. Hopper								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
252 Deer Meadow Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	09	24	10			25.00
Full Name of Contributor							Registration Number, if PAC	
Greta O'Neal								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5128 Beacon Hill Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43228	09	22	10			50.00
Full Name of Contributor							Registration Number, if PAC	
Rebecca England								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3567 Woody Way	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Canal Winchester	OH	43110	09	24	10			25.00
Full Name of Contributor							Registration Number, if PAC	
Cheryl L. Johnson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
990 Marland Dr. S.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43224	09	25	10			25.00
Full Name of Contributor							Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y		Amount	

* 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 $ 300.00