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	
Patricia B. Lindsey-Schwinn							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1854 Fontenay Ct.	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43235	09	13	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Jed W Morrison							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2572 Brentwood Rd	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43209	08	08	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Linda Fleming							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1452 Sedgefield Dr.	N/A						check
City	State	Zip Code	M	D	Y		Amount
New Albany	OH	43054	08	18	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Lora Sue Rinehart							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2241 Beech Rd.	N/A						check
City	State	Zip Code	M	D	Y		Amount
Johnstown	OH	43031	08	18	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Luar J. Gambill							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
60 W. Fieldstone	N/A						check
City	State	Zip Code	M	D	Y		Amount
Pataskala	OH	43062	09	21	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Silicia M. Hedges							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5219 Spring Beauty Ct	N/A						check
City	State	Zip Code	M	D	Y		Amount
Gahanna	OH	43230	08	16	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Elizabeth Rapp Dies							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2763 Serene Pl	N/A						check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43231	08	19	10		25.00
Full Name of Contributor						Registration Number, if PAC	
Stephanie R. Stutler							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
901 Loretta Ave	N/A						check
City	State	Zip Code	M	D	Y		Amount
Toronto	OH	43964	08	13	10		25.00

* 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 $ 200.00