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 DD								
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	12	03	12			90.00
Full Name of Contributor							**Registration Number, if PAC**	
Kenneth J Gagen								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
41 East Prescott St	N/A						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43215	12	03	12			90.00
Full Name of Contributor							**Registration Number, if PAC**	
Karen F McDaniel								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
101 Forbidden Lakes Ct	N/A						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Johnstown	OH	43031	12	03	12			30.00
Full Name of Contributor							**Registration Number, if PAC**	
Suzanne M Flowers								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5649 Fawnbrooke Lane	N/A						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43017	12	03	12			30.00
Full Name of Contributor							**Registration Number, if PAC**	
Robert L 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	OH	43220	12	03	12			30.00
Full Name of Contributor							**Registration Number, if PAC**	
Aurthur Williams								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2704 Sawmill Park Drive	N/A						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43017	12	03	12			30.00
Full Name of Contributor							**Registration Number, if PAC**	
Robert L 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	OH	43220	12	03	12			30.00
Full Name of Contributor							**Registration Number, if PAC**	
Denise Blackburn-Smith								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1172 Rockwood Pl	N/A						Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43229	12	03	12			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 $ 390.00