31-A
R.C. 3517.10

Page 10

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	
Rebecca Love								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
175 Mayfair Blvd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43213	0 4	3 0	1 2		43.00	
Full Name of Contributor							Registration Number, if PAC	
Michael Boyce								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
P.O. Box 541	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Ashley	O H	43003	0 4	3 0	1 2		42.00	
Full Name of Contributor							Registration Number, if PAC	
Mary A. Linden								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8425 Morrison Farms Court	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Blacklick	O H	43004	0 4	3 0	1 2		36.00	
Full Name of Contributor							Registration Number, if PAC	
John J Giachetti								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3710 Caracas Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	O H	43081	0 4	3 0	1 2		33.00	
Full Name of Contributor							Registration Number, if PAC	
Rose Moore								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2072 Commons Rd N	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Reynoldburg	O H	43068	0 4	3 0	1 2		44.00	
Full Name of Contributor							Registration Number, if PAC	
Carolyn A Livery								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1458 Walshire Dr N.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43232	0 4	3 0	1 2		44.00	
Full Name of Contributor							Registration Number, if PAC	
Frances S. Lesser								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
922 Remington Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	O H	43209	0 4	3 0	1 2		44.00	
Full Name of Contributor							Registration Number, if PAC	
Candell L. Looman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
416 Scandia St	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Blacklick	O H	43004	0 4	3 0	1 2		44.00	

* 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 $ 330.00