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 of PAC			
Tammie Lynne Brindza											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
2799 Pheasant Field Dr.	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Hilliard	O H	43026			0 1	2 7	1 1			50.00	
Full Name of Contributor								Registration Number of PAC			
M. E. Anglin											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3304 East Deshler Avenue	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Columbus	O H	43227			0 1	2 7	1 1			50.00	
Full Name of Contributor								Registration Number of PAC			
Elizabeth K. Reece											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
25 W Dunedin Rd	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Columbus	O H	43214			0 1	2 7	1 1			25.00	
Full Name of Contributor								Registration Number of PAC			
Sara L. McMullen											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3679 Kilkenny Dr	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Columbus	O H	43221			0 1	2 7	1 1			25.00	
Full Name of Contributor								Registration Number of PAC			
Sandra L. Turner											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
6720 Albanyview Dr	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Westerville	O H	43081			0 1	2 7	1 1			75.00	
Full Name of Contributor								Registration Number of PAC			
Dorothy Ellingsworth											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
27 Acton Road	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Columbus	O H	43214			0 1	2 7	1 1			50.00	
Full Name of Contributor								Registration Number of PAC			
Erin Vandemark											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
1457 Granwood Dr	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Columbus	O H	43229			0 1	2 7	1 1			50.00	
Full Name of Contributor								Registration Number of PAC			
Catherine M. Baughman											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
4468 Earlsfield Loop	N/A									check	
City	State	Zip Code			M	D	Y			Amount	
Graveport	O H	43125			0 1	2 7	1 1			50.00	

* 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 $ 375.00