

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee or Ballot Issue Citizens Committee for Persons with D.D.						
Full Name of Contributor Patricia K Tietz				Registration Number, if PAC		
Street Address 5122 Longrifle Rd		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43081	M 0	D 4	Y 0	Amount 73.00
Full Name of Contributor Jayne N Wasserstrom				Registration Number, if PAC		
Street Address 2512 Keltonhurst Ct		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Blacklick	State O H	Zip Code 43004	M 0	D 4	Y 0	Amount 55.00
Full Name of Contributor Kathleen H Krzeczowski				Registration Number, if PAC		
Street Address 224 W Columbus St		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Pickerington	State O H	Zip Code 43147	M 0	D 4	Y 0	Amount 31.00
Full Name of Contributor David L Harvey				Registration Number, if PAC		
Street Address 535 Beckler Ln.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Delaware	State O H	Zip Code 43015	M 0	D 4	Y 1	Amount 22.00
Full Name of Contributor Kathy L Rearick				Registration Number, if PAC		
Street Address 1672 Woodbluff Dr.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Powell	State O H	Zip Code 43065	M 0	D 4	Y 0	Amount 34.00
Full Name of Contributor Galdys E Rivera				Registration Number, if PAC		
Street Address 5413 Harbin Ct		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43081	M 0	D 4	Y 0	Amount 22.00
Full Name of Contributor Corolyn A Livsey				Registration Number, if PAC		
Street Address 1458 Walshire Dr. N		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43232	M 0	D 4	Y 0	Amount 55.00
Full Name of Contributor Sheri M Nordman				Registration Number, if PAC		
Street Address 793 Montrose Avenue		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43209	M 0	D 3	Y 3	Amount 22.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and then one of the individual's business, if any, rather than employer should be listed. If two or more employers contribute via payroll deduction and exceed the aggregate of \$100, the employer organization of which the employee is a member, if any, must appear. [RC 3517 10(B)(4)]