31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Commissioner Full											
Citizens Committee for Persons with D.D.											
Full Name of Contributor									Registration Number, if PAC		
April M. Brehob											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
38 S Otterbein Ave	N/A									check	
City	State	Zip Code			M		D		Y		Amount
Westerville	O H	43081			0	4	1	1	1	1	22.00
Full Name of Contributor									Registration Number, if PAC		
Sarah J. Hofstetter											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
5738 T.R. 466	N/A									check	
City	State	Zip Code			M		D		Y		Amount
Lakeville	O H	44638			0	4	1	1	1	1	22.00
Full Name of Contributor									Registration Number, if PAC		
Lori A. Perry											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
8612 Swisher Creek Crossing	N/A									check	
City	State	Zip Code			M		D		Y		Amount
New Albany	O H	43054			0	4	0	8	1	1	83.00
Full Name of Contributor									Registration Number, if PAC		
Gretchen Geckle Brooks											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
933 Ridenour Rd.	N/A									check	
City	State	Zip Code			M		D		Y		Amount
Gahanna	O H	43230			0	4	1	1	1	1	11.00
Full Name of Contributor									Registration Number, if PAC		
Dee R. Smith											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3699 Big Walnut Dr.	N/A									check	
City	State	Zip Code			M		D		Y		Amount
Groveport	O H	43125			0	4	0	8	1	1	44.00
Full Name of Contributor									Registration Number, if PAC		
Kathy Burds											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
1133 Sanctuary Place	N/A									check	
City	State	Zip Code			M		D		Y		Amount
Gahanna	O H	43230			0	4	0	8	1	1	39.00
Full Name of Contributor									Registration Number, if PAC		
Emily Burds											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
6316 Hilltop Trail Drive	N/A									check	
City	State	Zip Code			M		D		Y		Amount
New Albany	O H	43054			0	4	0	8	1	1	66.00
Full Name of Contributor									Registration Number, if PAC		
Carol Owens											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
981 College Ave.	N/A									check	
City	State	Zip Code			M		D		Y		Amount
Bexley	O H	43209			0	4	1	1	1	1	11.00

* 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 $ 298.00