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, if PAC	
Sally Harrington							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2555 Darwin Dr	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43235	05	30	12	24.00	
Full Name of Contributor						Registration Number, if PAC	
Julie Sanford							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3937 Olentangy River Rd	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43214	05	30	12	222.00	
Full Name of Contributor						Registration Number, if PAC	
Todd Mosley							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4424 Demorest Highlans Ln	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	05	30	12	46.00	
Full Name of Contributor						Registration Number, if PAC	
Sally Harrington							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2555 Darwin Dr	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43235	05	30	12	24.00	
Full Name of Contributor						Registration Number, if PAC	
Andrea R Stonebraker							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
40 Oak Leaf Ln	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Granville	OH	43023	05	30	12	22.00	
Full Name of Contributor						Registration Number, if PAC	
Frances E Espinoza							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3622 Washburn St	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Whitehall	OH	43213	05	30	12	22.00	
Full Name of Contributor						Registration Number, if PAC	
Kevin R Hall							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
625 Oak St	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	05	30	12	12.00	
Full Name of Contributor						Registration Number, if PAC	
Rochelle L Mayo							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
892 Gilbert St	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43206	05	30	12	12.00	

* 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 $ 384.00