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							
Joan M . Thornton								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
326 Northridge Rd	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43214	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
James R. Turner								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
7939 Ashenden Dr.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Blacklick	OH	43004	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
Anne E. Russell								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
159 Blenheim Rd.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43214	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
Janice Tartell								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
579 Banbridge St.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Pickerington	OH	43147	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
Tmothy R. Voigt								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
903 Wellsley Way	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Plain City	OH	43064	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
Allegra S. Lewis								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6899 Finchley Dr.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Reynoldsburg	OH	43068	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
Aparna Kommareddi								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1425 Cedar Rapids Dr.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43228	01	27	11			25.00
Full Name of Contributor	**Registration Number, if PAC**							
Maisie N. Batchler								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2785 Allegheny Ave.	N/A						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43209	01	27	11			25.00

* 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, (other 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 $ 200.00