

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 Pamela F. Sonagere						Registration Number, if PAC			
Street Address 1223 Park Dr.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Gahanna		State O	H H	Zip Code 43230		M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor Amy L. Frick						Registration Number, if PAC			
Street Address 255 Marjoram Dr.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Gahanna		State O	H H	Zip Code 43220		M 1	D 0	Y 4	Amount 20.00
Full Name of Contributor Jodi H. Dayan						Registration Number, if PAC			
Street Address 5860 Haddler CT.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Dublin		State O	H H	Zip Code 43016		M 1	D 0	Y 1	Amount 30.00
Full Name of Contributor Tracy L Crawford						Registration Number, if PAC			
Street Address 175 South Street			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Homer		State O	H H	Zip Code 43027		M 1	D 0	Y 1	Amount 10.00
Full Name of Contributor Susan L. Smith						Registration Number, if PAC			
Street Address 2249 Sedgewick Dr.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Columbus		State O	H H	Zip Code 43220		M 1	D 0	Y 1	Amount 20.00
Full Name of Contributor John Huntzinger						Registration Number, if PAC			
Street Address 469 Canterwood			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Gahanna		State O	H H	Zip Code 43230		M 1	D 0	Y 4	Amount 10.00
Full Name of Contributor Elizabeth Rapp Dies						Registration Number, if PAC			
Street Address 2763 Serene Pl.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Columbus		State O	H H	Zip Code 43231		M 1	D 0	Y 4	Amount 20.00
Full Name of Contributor Mary Meirsonne Flynn						Registration Number, if PAC			
Street Address 84 E Weisheimer Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check		
City Columbus		State O	H H	Zip Code 43214		M 1	D 0	Y 2	Amount 10.00

* 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 \$ 145.00