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	
Jayne Wasserstrom							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2512 Keltonhurst Ct	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	O H	43004	0 4	3 0	1 2	50.00	
Full Name of Contributor						Registration Number, if PAC	
David L Harvey							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
535 Beckler Ln	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Deleware	O H	43015	0 4	3 0	1 2	50.00	
Full Name of Contributor						Registration Number, if PAC	
Karen F. Smathers							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8332 Honda Hills Rd	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Thornville	O H	43076	0 4	3 0	1 2	48.00	
Full Name of Contributor						Registration Number, if PAC	
Theresa L Cohagan							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
197 W Brighton Rd	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43202	0 4	3 0	1 2	48.00	
Full Name of Contributor						Registration Number, if PAC	
Susan L Boggs							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
P.O. Box 234	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Commercial Point	O H	43116	0 4	3 0	1 2	72.00	
Full Name of Contributor						Registration Number, if PAC	
Sheri M. Nordman							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
793 Montrose Ave	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43209	0 4	3 0	1 2	61.00	
Full Name of Contributor						Registration Number, if PAC	
Sarah B Haring							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
170 W Brighton Rd	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43202	0 4	3 0	1 2	57.00	
Full Name of Contributor						Registration Number, if PAC	
Laura H Shkolnik							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
215 S Virginialee Road	N/A					check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43209	0 4	3 0	1 2	56.00	

* 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 $ 442.00