

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee or Full						
Citizens Committee for Persons with D.D.						
Full Name of Contributor					Registration Number, if PAC	
Dorothy V. Yeager						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
3374 Column Dr.	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43221	0 1	2 7	1 1	15.00
Full Name of Contributor					Registration Number, if PAC	
Linda G. Flemming						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
1452 Sedgefield Dr	N/A		check			
City	State	Zip Code	M	D	Y	Amount
New Albany	O H	43054	0 1	2 7	1 1	15.00
Full Name of Contributor					Registration Number, if PAC	
Jed W. Morison						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
2572 Brentwood Rd.	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43209	0 1	2 7	1 1	10.00
Full Name of Contributor					Registration Number, if PAC	
Jed W. Morison						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
2572 Brentwood Rd.	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43209	0 1	2 7	1 1	20.00
Full Name of Contributor					Registration Number, if PAC	
Elizabeth St. John						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
89 Neal Avenue	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Newark	O H	43055	0 1	2 7	1 1	67.50
Full Name of Contributor					Registration Number, if PAC	
Carrie A. McDonald						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
2591 Petzinger Rd	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43209	0 1	2 7	1 1	15.00
Full Name of Contributor					Registration Number, if PAC	
Donald B. O'Brien Jr.						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
1017 N. Martland Dr	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43224	0 1	2 7	1 1	15.00
Full Name of Contributor					Registration Number, if PAC	
Jeffery S Rizzo						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
337 Kensington Dr	N/A		check			
City	State	Zip Code	M	D	Y	Amount
Delaware	O H	43015	0 1	2 7	1 1	15.00

* 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 employer organization at which the employees are members, if any, must appear. (R.C. 3517.10(B)(4))