

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 Stephen L. Testerman				Registration Number, if PAC		
Street Address 177 E Stanton Ave.	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Columbus	State O	Zip Code H 43214	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Tiffany M. Anderson				Registration Number, if PAC		
Street Address 4511 Moraine Ave.	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Hilliard	State O	Zip Code H 43026	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Kara M Fowler				Registration Number, if PAC		
Street Address 5610 Spring River Ave	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Dublin	State O	Zip Code H 43016	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Juanita Higgins				Registration Number, if PAC		
Street Address 9548 Crouse-Wilson Rd.	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Johnstown	State O	Zip Code H 43031	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Sarah B. Haring				Registration Number, if PAC		
Street Address 170 W. Brighton Rd.	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Columbus	State O	Zip Code H 43202	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Margene L. Boyer				Registration Number, if PAC		
Street Address 179 Mathew Ave.	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Westerville Ave	State O	Zip Code H 43081	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Doris A Borton				Registration Number, if PAC		
Street Address Columbus	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Columbus	State O	Zip Code H	M 1	D 1	Y 0	Amount 30.00
Full Name of Contributor Carrie Barnhart				Registration Number, if PAC		
Street Address 2847 Sawmill Park Dr.	Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check			
City Dublin	State O	Zip Code H 43017	M 1	D 1	Y 0	Amount 30.00

* 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 \$ 240.00