31-A
RC 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					
Catherine L Rheinfrank								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
438 Rockbourne Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	O H	43082	05	30	12		23.00	
Full Name of Contributor			Registration Number, if PAC					
Carol A Owens								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
981 College Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	O H	43209	05	30	12		11.00	
Full Name of Contributor			Registration Number, if PAC					
Lynette A Jones								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4104 Stockade Pl	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O H	43230	05	30	12		34.00	
Full Name of Contributor			Registration Number, if PAC					
Vikki Zaremski								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1850 Strathshire Hall Ln	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Powell	O H	43065	05	30	12		12.00	
Full Name of Contributor			Registration Number, if PAC					
Sharon A Bush								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
487 Arden Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43214	05	30	12		60.00	
Full Name of Contributor			Registration Number, if PAC					
Christine J Andrews								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4537 Clayburn Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	05	30	12		12.00	
Full Name of Contributor			Registration Number, if PAC					
Laura W. Roberts								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5414 Bennington Woods Ct	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43220	05	30	12		36.00	
Full Name of Contributor			Registration Number, if PAC					
Rebecca A. Love								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
175 Mayfair Blvd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43213	05	30	12		47.00	

* 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. [RC 3517.10(B)(4)]

Page Total $ 235.00