

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 Living Skills Center						Registration Number, if PAC	
Street Address 4200 Bixby Road			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Groveport		State O	H	Zip Code 43125	M 1	D 1	Y 0
						Amount 375.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State		Zip Code	M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State		Zip Code	M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State		Zip Code	M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State		Zip Code	M	D	Y
						Amount	
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City		State		Zip Code	M	D	Y
						Amount	
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State		Zip Code	M	D	Y
						Amount	

* 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 \$ 375.00