

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee or Fund Citizens Committee for Persons with D.D.						
Full Name of Contributor Mark J Pierra				Registration Number, if PAC		
Street Address 5068 strawberry Farm Blvd		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor John B. Wick				Registration Number, if PAC		
Street Address P.O. Box 8657		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Newark	State O H	Zip Code 43058	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor Michael P. Davis				Registration Number, if PAC		
Street Address 233 Pinetree Dr		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Granville	State O H	Zip Code 43023	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor Althea B. Houpe				Registration Number, if PAC		
Street Address 6257 Braiden Court		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43213	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor Valerie J. Powers				Registration Number, if PAC		
Street Address 3630 Olentangy Blvd		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor Leilani J. Bonnell				Registration Number, if PAC		
Street Address 12426 Pleasant Valley Rd		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Utica	State O H	Zip Code 43080	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor Pam Pollock				Registration Number, if PAC		
Street Address 11697 Miller Rd		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 0	D 1	Y 2	Amount 25.00
Full Name of Contributor Bennie E. Hill				Registration Number, if PAC		
Street Address 2491 Hamilton Ave		Employer/Occupation/Labor Organization N/A		Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43211	M 0	D 1	Y 2	Amount 25.00

* 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)]

Paid Total \$ 200.00