

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 Laura E. Billingham					Registration Number, if PAC		
Street Address 483 Cumberland Drive		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Whitehall	State O H	Zip Code 43213	M 0	D 5	Y 0	Amount 12.00	
Full Name of Contributor Edralin L. Wiltie					Registration Number, if PAC		
Street Address 3554 Sunny Glen Pl.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43224	M 0	D 5	Y 0	Amount 11.00	
Full Name of Contributor Rebecca A. Love					Registration Number, if PAC		
Street Address 175 Mayfair Blvd		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43213	M 0	D 5	Y 1	Amount 24.00	
Full Name of Contributor Susan Kerr Gibson					Registration Number, if PAC		
Street Address 1974 Wyandotte Rd		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 0	D 5	Y 1	Amount 11.00	
Full Name of Contributor Tammara J. Fields					Registration Number, if PAC		
Street Address 604 Rocky Fork Blvd.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43220	M 0	D 5	Y 0	Amount 12.00	
Full Name of Contributor David L. Harvey					Registration Number, if PAC		
Street Address 535 Beckler Ln.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Delaware	State O H	Zip Code 43015	M 0	D 5	Y 0	Amount 12.00	
Full Name of Contributor Janet P. Brunson					Registration Number, if PAC		
Street Address 3939 Black Pine Dr.		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0	D 5	Y 0	Amount 12.00	
Full Name of Contributor Lynne Fogel					Registration Number, if PAC		
Street Address 6597 Estate View Drive South		Employer/Occupation/Labor Organization N/A			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0	D 5	Y 0	Amount 12.00	

* 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 name of the organization of which the employees are members, if any, must appear. [RC 3517.10(B)(4)]