

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee for Persons with DD									
Full Name of Contributor Michelle Brosius						Registration Number, if PAC			
Street Address 2481 Sherwood Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43209		M 0 9	D 2 6	Y 1 3	Amount 50.00	
Full Name of Contributor Scott A Holbrook						Registration Number, if PAC			
Street Address 2801 Sawmill Park Dr			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Dublin		State O H	Zip Code 43017		M 0 9	D 2 6	Y 1 3	Amount 25.00	
Full Name of Contributor Cristine Hinkley Hahn						Registration Number, if PAC			
Street Address 4036 Bickley Pl			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43220		M 0 9	D 2 6	Y 1 3	Amount 25.00	
Full Name of Contributor Linda Flemming						Registration Number, if PAC			
Street Address 1452 Sedgefield Drive			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City New Albany		State O H	Zip Code 43054		M 0 9	D 2 6	Y 1 3	Amount 25.00	
Full Name of Contributor Rebecca K Beaudet						Registration Number, if PAC			
Street Address 351 Bow Dr			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 0 9	D 2 6	Y 1 3	Amount 25.00	
Full Name of Contributor Bonnie L Dowell						Registration Number, if PAC			
Street Address 4113 Cypress Ave			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Grover City		State O H	Zip Code 43123		M 0 9	D 2 6	Y 1 3	Amount 25.00	
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	

* 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)]