

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 Anna M Dickson Ocard						Registration Number, if PAC			
Street Address 9026 Ravine Ave			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Pickerington		State O	Zip Code H 43147	M 1	D 2	Y 0	Amount 30.00		
Full Name of Contributor Robert L Thomas						Registration Number, if PAC			
Street Address 1506 Denbigh Drive			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O	Zip Code H 43220	M 1	D 2	Y 0	Amount 30.00		
Full Name of Contributor Janet C Wilbur						Registration Number, if PAC			
Street Address 147 Leland Ave			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus		State O	Zip Code H 43214	M 1	D 2	Y 0	Amount 30.00		
Full Name of Contributor Linda Monroe						Registration Number, if PAC			
Street Address 1262 Caryle Drive			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Reynoldburg		State O	Zip Code H 43068	M 1	D 2	Y 0	Amount 500.00		
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		

* 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 \$ 590.00