31-A
R.C. 3517.10

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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							Registration Number, if PAC	
Diane L. Caprette								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
13985 Commercial Point Road	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Ashville	OH	43103	10	01	10			20.00
Full Name of Contributor							Registration Number, if PAC	
Jacqeline S. Suver								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9222 Clover Valley Rd.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Johnstown	OH	43031	10	05	10			20.00
Full Name of Contributor							Registration Number, if PAC	
Tracey A. Fowler								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4217 Wright Park	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43213	10	04	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Sara M Faudree								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2320 Hyde Rd.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	06	10			20.00
Full Name of Contributor							Registration Number, if PAC	
Trisha D. Potenza								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2399 Indian Creek Ct	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	15	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Chrintine A. Reese								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4989 Blendon Pond Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	10	06	10			20.00
Full Name of Contributor							Registration Number, if PAC	
Larry Potenza								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2399 Indian Creek Rd.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	05	10			10.00
Full Name of Contributor							Registration Number, if PAC	
Gregory L Smith								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1136 Forest Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43223	10	06	10			20.00

* 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. [R.C. 3517.10(B)(4)]

Page Total $ 130.00