

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				Registration Number, if PAC		
Bonnie L. Smith						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2364 Highlandtown Dr.		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Hilliard	O H	43026	0 5	0 5	1 1	24.00
Full Name of Contributor				Registration Number, if PAC		
Karen F. Smathers						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
8332 Honda Hills Rd		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Thoraville	O H	43076	0 5	0 5	1 1	48.00
Full Name of Contributor				Registration Number, if PAC		
Sarah L. Wills						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
437 West St.		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Groveport	O H	43125	0 5	0 5	1 1	33.00
Full Name of Contributor				Registration Number, if PAC		
Lynette A. Jones						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4104 Stockade Pl		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Gahanna	O H	43230	0 5	0 5	1 1	23.00
Full Name of Contributor				Registration Number, if PAC		
Julie Sanford						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3937 Olentangy River Rd		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43214	0 5	0 9	1 1	233.00
Full Name of Contributor				Registration Number, if PAC		
Edralin L. Wiltzie						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3554 Sunny Glen Pl		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43224	0 5	0 9	1 1	64.00
Full Name of Contributor				Registration Number, if PAC		
Kathleen S. Finn						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
239 E. Dominion		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43214	0 5	0 5	1 1	33.00
Full Name of Contributor				Registration Number, if PAC		
Miriam J. Jordan						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5572 Limerock Dr		N/A			check	
City	State	Zip Code	M	D	Y	Amount
Westerville	O H	43081	0 5	0 5	1 1	33.00

* 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, other 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)]

Total \$ 491.00