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	
Connie M Willis								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
758 Cherry Wood Pl	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O | H	43230	0 4	1 1	1 1		110.00	
Full Name of Contributor							Registration Number, if PAC	
Lynne Fogel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6597 Estate View Drive South	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Blacklick	O | H	43004	0 4	0 8	1 1		23.00	
Full Name of Contributor							Registration Number, if PAC	
Ellen S. Hodgins								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6998 Onyx Bluff Ln	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43004	0 4	0 7	1 1		22.00	
Full Name of Contributor							Registration Number, if PAC	
Karen A. Widmayer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
15733 London Road	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Orient	O | H	43146	0 4	0 7	1 1		33.00	
Full Name of Contributor							Registration Number, if PAC	
Rhoda E. Ryan								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
542 Haversham Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	O | H	43230	0 4	1 1	1 1		31.00	
Full Name of Contributor							Registration Number, if PAC	
Bernadine R. Thurn								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1025 Arcaro Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43230	0 4	0 8	1 1		158.00	
Full Name of Contributor							Registration Number, if PAC	
Marsha A. Rummer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
188 Westview Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43214	0 4	0 8	1 1		11.00	
Full Name of Contributor							Registration Number, if PAC	
Jamie D Shoemaker								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10666 Adams Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Galena	O | H	43021	0 4	0 8	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, 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 $ 421.00