

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee for Persons with M.R.							
Full Name of Contributor Dona Shakley						Registration Number, if PAC	
Street Address 6132 Highlander Road			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 2	Amount 130.00
Full Name of Contributor Victoria D. McClenaghan						Registration Number, if PAC	
Street Address 75 S. Vine St.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 2	Amount 130.00
Full Name of Contributor Rodney Sweigart						Registration Number, if PAC	
Street Address 2887 Norwood St			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43224	M 0	D 3	Y 2	Amount 11.00
Full Name of Contributor Jayne B Wasserstrom						Registration Number, if PAC	
Street Address 2512 Keltonhurst Ct			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 2	Amount 39.00
Full Name of Contributor Danita Oxley						Registration Number, if PAC	
Street Address 3830 Armuth Ave.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43219	M 0	D 3	Y 2	Amount 22.00
Full Name of Contributor Marcia M Weltz						Registration Number, if PAC	
Street Address 193 E Schrock Rd			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 1	Amount 44.00
Full Name of Contributor Katie N Leedy						Registration Number, if PAC	
Street Address 5238 Garand Dr			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 0	Amount 27.50
Full Name of Contributor Janet M. Montgomery						Registration Number, if PAC	
Street Address 4007 Shattuck Avenue			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43220	M 0	D 3	Y 1	Amount 44.00

* 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 \$ 447.50