

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 Lyn Herron					Registration Number, if PAC		
Street Address 7816 Benderson Dr		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43082	M 0	D 1	Y 1	Amount 12.00
Full Name of Contributor Contributors of \$25 or less (Arc Ind. Central - Combined Events)					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
		N/A			cash		
City	State	H	Zip Code	M	D	Y	Amount
	O	H		0	1	0	770.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	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	H	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	H	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	H	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	H	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)]