

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 Amanda Tepfer						Registration Number, if PAC	
Street Address 7790 Ridge Row Rd.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Westerville			State O	H H	Zip Code 43081	M 0	D 5
						Y 0	Amount 11.00
Full Name of Contributor Lori Perry						Registration Number, if PAC	
Street Address 8612 Swisher Creek Crossing			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City New Albany			State O	H H	Zip Code 43054	M 0	D 4
						Y 1	Amount 87.00
Full Name of Contributor Judith Donnelly						Registration Number, if PAC	
Street Address 5308 Conklin Dr			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Hilliard			State O	H H	Zip Code 43026	M 0	D 5
						Y 0	Amount 24.00
Full Name of Contributor Reeda K Gartrell						Registration Number, if PAC	
Street Address 4395 Big Walnutview Dr.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Gahanna			State O	H H	Zip Code 43230	M 0	D 5
						Y 0	Amount 22.00
Full Name of Contributor Julie Sanford						Registration Number, if PAC	
Street Address 3937 Olentangy River Rd			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check	
City Columbus			State O	H H	Zip Code 43214	M 0	D 5
						Y 0	Amount 267.50
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			N/A			check	
City			State	H	Zip Code	M	D
			O	H			Y
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			N/A			check	
City			State	H	Zip Code	M	D
			O	H			Y
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			N/A			check	
City			State	H	Zip Code	M	D
			O	H			Y

* 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 \$ 411.50