

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 Henry A Zehendner						Registration Number, if PAC						
Street Address 4125 Sunbury Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43219		M 0 3		D 2 9		Y 1 0		Amount 55.00
Full Name of Contributor Jolinda R Spiegel						Registration Number, if PAC						
Street Address 7355 Central College Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City New Albany		State O H		Zip Code 43054		M 0 3		D 3 0		Y 1 0		Amount 22.00
Full Name of Contributor Carol M Mosher						Registration Number, if PAC						
Street Address 145 E. Main St.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Cardington		State O H		Zip Code 43315		M 0 3		D 2 2		Y 1 0		Amount 22.00
Full Name of Contributor Lorrie R. Diaz						Registration Number, if PAC						
Street Address 862 Lakeway Ct. W.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43081		M 0 3		D 2 4		Y 1 0		Amount 39.00
Full Name of Contributor Patricia K Tietz						Registration Number, if PAC						
Street Address 5122 Longrifle Rd			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43081		M 0 3		D 2 5		Y 1 0		Amount 93.00
Full Name of Contributor Amy L. Frick						Registration Number, if PAC						
Street Address 255 Marjoram Dr			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 2 6		Y 1 0		Amount 42.00
Full Name of Contributor Connie M. Willis						Registration Number, if PAC						
Street Address 758 Cherry Wood Place			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 3 0		Y 1 0		Amount 160.00
Full Name of Contributor Susan K. Bush						Registration Number, if PAC						
Street Address 6441 Cherokee Rose Dr.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43081		M 0 3		D 2 6		Y 1 0		Amount 156.00

* 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 \$ **589.00**