31-A
R.C. 3517.10

Page 16

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							Registration Number, if PAC	
Melissa A Soza								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
144 Antelope Way 2A	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43235	03	18	10		22.00	
Full Name of Contributor							Registration Number, if PAC	
Leah C. Myers								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
705 Turcotte Ct	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	04	01	10		11.00	
Full Name of Contributor							Registration Number, if PAC	
Reed K Gartrell								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4395 Big Walnutview Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	04	01	10		72.00	
Full Name of Contributor							Registration Number, if PAC	
Alison F Ontko								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7578 Dover Ridge Ct	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Blacklick	OH	43004	04	01	10		11.00	
Full Name of Contributor							Registration Number, if PAC	
Catherine Cabotage								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5824 Ams Ct	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43231	04	01	10		44.00	
Full Name of Contributor							Registration Number, if PAC	
Mrs. J. Ambrose								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6353 Evesham Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Canal Winchester	OH	43110	03	26	10		11.00	
Full Name of Contributor							Registration Number, if PAC	
Miriam J. Jordan								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Thornapple Woods, 5050 Warner Rd.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	04	01	10		75.00	
Full Name of Contributor							Registration Number, if PAC	
David L Harvey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
535 Beckler Ln.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Delaware	OH	43015	03	31	10		11.00	

* 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 $ 257.00