

# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <b>Citizens Committee for Persons with M.R.</b>									
Full Name of Contributor <b>Donald Wine</b>							Registration Number, if PAC		
Street Address <b>332 Cadbury Dr.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cathanna</b>		State <b>OH</b>		Zip Code <b>43230</b>		M D Y <b>01 14 08</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Larry Macintosh</b>							Registration Number, if PAC		
Street Address <b>4341 Shelbourne Ln.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43220</b>		M D Y <b>01 31 08</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Heidi Larimer</b>							Registration Number, if PAC		
Street Address <b>2030 Aladdin Woods Ct.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Coh.</b>		State <b>OH</b>		Zip Code <b>43212</b>		M D Y <b>01 26 08</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Garin and Alice Larimer</b>							Registration Number, if PAC		
Street Address <b>2030 Aladdin Woods Ct.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Coh.</b>		State <b>OH</b>		Zip Code <b>43212</b>		M D Y <b>01 26 08</b>		Amount <b>200.00</b>	
Full Name of Contributor <b>Alan and Jo Anne Moore</b>							Registration Number, if PAC		
Street Address <b>8072 Saddle Run Rd.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>		State <b>OH</b>		Zip Code <b>43065</b>		M D Y <b>01 16 08</b>		Amount <b>250.00</b>	
Full Name of Contributor <b>Pat and Fred Cloppert</b>							Registration Number, if PAC		
Street Address <b>1940 Ridgview Rd.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>		State <b>OH</b>		Zip Code <b>43221</b>		M D Y <b>01 15 08</b>		Amount <b>250.00</b>	
Full Name of Contributor <b>Columbus Speech &amp; Hearing</b>							Registration Number, if PAC		
Street Address <b>510 E. N. Broadway</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Coh.</b>		State <b>OH</b>		Zip Code <b>43214</b>		M D Y <b>01 25 08</b>		Amount <b>500.00</b>	

\*Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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 \$ **1500.00**