

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee or Full									
Citizens Committee for Persons with M.R.									
Full Name of Contributor						Registration Number, if PAC			
Karen Widmayer									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
15733 Lomdon Road			N/A				check		
City			State		Zip Code		M	D	Y
Orient			O H		43146		0 3	0 8	1 0
							Amount		
							33.00		
Full Name of Contributor						Registration Number, if PAC			
Beth E. Walter									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
160 Dorrence Rd.			N/A				check		
City			State		Zip Code		M	D	Y
Granville			O H		43023		0 3	1 1	1 0
							Amount		
							44.00		
Full Name of Contributor						Registration Number, if PAC			
Trena L. Brown									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
10545 Amish Ridge Rd.			N/A				check		
City			State		Zip Code		M	D	Y
Somerset			O H		43783		0 3	1 2	1 0
							Amount		
							12.00		
Full Name of Contributor						Registration Number, if PAC			
Marilyn F. Gabel									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
72 Spring Creek Drive			N/A				check		
City			State		Zip Code		M	D	Y
Westerville			O H		43081		0 3	2 9	1 0
							Amount		
							22.00		
Full Name of Contributor						Registration Number, if PAC			
Rose M. Sawyers									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1160 Belle Meade Pl			N/A				check		
City			State		Zip Code		M	D	Y
Westerville			O H		43081		0 3	2 6	1 0
							Amount		
							33.00		
Full Name of Contributor						Registration Number, if PAC			
Karen F. Smathers									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8332 Honda Hills Rd			N/A				check		
City			State		Zip Code		M	D	Y
Thornville			O H		43076		0 3	2 6	1 0
							Amount		
							67.00		
Full Name of Contributor						Registration Number, if PAC			
Sree M. Aswath									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2345 Hetter St.			N/A				check		
City			State		Zip Code		M	D	Y
Columbus			O H		43228		0 3	2 6	1 0
							Amount		
							88.00		
Full Name of Contributor						Registration Number, if PAC			
Margaret Carney-Daykin									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8672 Cadet Drive North			N/A				check		
City			State		Zip Code		M	D	Y
Galloway			O H		43119		0 3	1 7	1 0
							Amount		
							46.00		

* 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)]