31-A
R.C. 3517.10

Page 12

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		
Joyce E. Carney									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
8525 Squad Dr.	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Galloway	OH	43119	03	17	10			55.00	
Full Name of Contributor							Registration Number, if PAC		
Linda Lee Dudley									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
4065 E Mound Street	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43227	03	19	10			11.00	
Full Name of Contributor							Registration Number, if PAC		
Jill D Lacivita									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
7246 Harrisburg London Rd	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Orient	OH	43146	03	24	10			58.00	
Full Name of Contributor							Registration Number, if PAC		
Donna Cordes									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
2131 Winslow Dr. Apt 2	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43207	04	01	10			44.00	
Full Name of Contributor							Registration Number, if PAC		
Herman L. Shaw									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
931 E. Heritage Dr	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Whitehall	OH	43213	04	01	10			64.00	
Full Name of Contributor							Registration Number, if PAC		
Gayle L Bond									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
8917 Firstgate Dr	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Reynoldsburg	OH	43068	04	01	10			77.00	
Full Name of Contributor							Registration Number, if PAC		
Jennifer L Black									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1283 McKahan Ave.	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
	OH	43232	04	01	10			22.00	
Full Name of Contributor							Registration Number, if PAC		
Bernadine Thurn									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1025 Arcaro Dr	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43230	04	01	10			192.00	

* 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 $ 523.00