31-A
R.C. 3517.10

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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	
Candell Looman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
416 Scandia Street	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Blacklick	OH	43004	03	31	10		11.00	
Full Name of Contributor							Registration Number, if PAC	
Wendy J. Mattuci								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
501 McPherson Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Blacklick	OH	43004	03	09	10		33.00	
Full Name of Contributor							Registration Number, if PAC	
Toni L Boyle								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6394 Medinah Ct.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43082	04	01	10		57.00	
Full Name of Contributor							Registration Number, if PAC	
Cam D. Yeagley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2833 Shady Ridge Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43231	04	01	10		33.00	
Full Name of Contributor							Registration Number, if PAC	
Ann Mason								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
225 E Jeffrey Pl	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43214	04	01	10		55.00	
Full Name of Contributor							Registration Number, if PAC	
Carolyn A Livsey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1458 Walshire Dr. N	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43232	04	01	10		55.00	
Full Name of Contributor							Registration Number, if PAC	
Susan B. Haring								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
170 Brighton Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43202	04	01	10		55.00	
Full Name of Contributor							Registration Number, if PAC	
Cynthia B. Moore								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8186 Newark Ave.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	03	30	10		36.00	

* 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 $ 335.00