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	
Teri Lynn Jenkins								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2909 Ross Rd.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Subbury	OH	43074	03	26	10		27.50	
Full Name of Contributor							Registration Number, if PAC	
Angela M. Blake								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
392 Mayflower Blvd.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Whitehall	OH	43213	03	31	10		39.00	
Full Name of Contributor							Registration Number, if PAC	
N. Ruth Marple								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5118 Hatfield Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43227	03	31	10		121.00	
Full Name of Contributor							Registration Number, if PAC	
Meghan McCoy								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1699 Brookfield Sq. S	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43229	03	31	10		88.00	
Full Name of Contributor							Registration Number, if PAC	
Laura M. Demaria								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1226 Broadview Ave	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43212	03	31	10		11.00	
Full Name of Contributor							Registration Number, if PAC	
Sarah J Thiel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2325 Suffolk Ln	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	03	31	10		33.00	
Full Name of Contributor							Registration Number, if PAC	
Megan Weber								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
161 Cameron Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Pataskala	OH	43062	04	01	10		44.00	
Full Name of Contributor							Registration Number, if PAC	
Claudia Simmons								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2523 Edsel Ave.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43207	03	30	10		22.00	

* 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 $ 385.50