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		
Sharon A. Bush										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
487 Arden Rd	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Columbus	OH	43214	05	09	10				24.00	
Full Name of Contributor								Registration Number, if PAC		
Connie M. Willis										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
758 Chery Wood Pl	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Gahanna	OH	43230	05	06	10				11.00	
Full Name of Contributor								Registration Number, if PAC		
Connie M. Willis										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
758 Chery Wood Pl	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Gahanna	OH	43230	05	04	10				12.00	
Full Name of Contributor								Registration Number, if PAC		
Mary Anne Ebner										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
66 E. Broadway	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Westerville	OH	43081	05	06	10				12.00	
Full Name of Contributor								Registration Number, if PAC		
Kathy Wallen										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
3220 Twp. Rd. 131 S.E.	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
New Straightsville	OH	43766	04	20	10				6.50	
Full Name of Contributor								Registration Number, if PAC		
Annemarie H. Srba										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
6837 E. Walnut St.	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Westerville	OH	43081	12	21	09				5.00	
Full Name of Contributor								Registration Number, if PAC		
Debra K. New										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
4607 Smiley Dr.	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Canal Winchester	OH	43110	05	10	10				22.00	
Full Name of Contributor								Registration Number, if PAC		
Karen L. Bain										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
5113 Mapleridge Dr.	N/A								check	
City	State	Zip Code	M	D	Y				Amount	
Columbus	OH	43232	05	06	10				11.00	

* 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 $ 103.50