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		
Nancy E. Taggart									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
5040 Goose Ln	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Alexandria	OH	43001	03	31	10			22.00	
Full Name of Contributor							Registration Number, if PAC		
Rhoda E. Ryan									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
542 Haversham Dr	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Gahanna	OH	43230	04	01	10			44.00	
Full Name of Contributor							Registration Number, if PAC		
Rebecca L. Greenwood									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3045 Cumberland Woods Drive	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43219	03	31	10			22.00	
Full Name of Contributor							Registration Number, if PAC		
Grace B Volker									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1190 E Broad St., Apt. A1	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43205	03	15	10			66.00	
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	03	14	10			39.00	
Full Name of Contributor							Registration Number, if PAC		
Naza D. James									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
2373 Dunkirk Dr	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43219	03	12	10			22.00	
Full Name of Contributor							Registration Number, if PAC		
Contributors of $25 or less (ECE - Plant Sale)									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
	N/A							cash	
City	State	Zip Code	M	D	Y			Amount	
	OH		04	18	10			358.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
	OH								

* 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 $ 573.00