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	
Joanne R. Holcombe								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6420 Hilltop Trail Dr.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
New Albany	OH	43054	12	15	09		5.00	
Full Name of Contributor							Registration Number, if PAC	
Janet L. Lovsey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6987 State Rt. 762	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Orient	OH	43146	12	16	09		12.00	
Full Name of Contributor							Registration Number, if PAC	
Catherine M Gordon								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
350 McCutcheon Rd	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	12	07	09		22.00	
Full Name of Contributor							Registration Number, if PAC	
Karen Bruggeman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1940 Little Water Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43223	12	07	09		5.00	
Full Name of Contributor							Registration Number, if PAC	
Mary Jo Allen								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4418 Glenmawr Ave.	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43224	12	07	09		5.00	
Full Name of Contributor							Registration Number, if PAC	
Linda G Fleming								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1452 Sedgefield Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
New Albany	OH	43054	12	08	09		5.00	
Full Name of Contributor							Registration Number, if PAC	
Patricia J Jordan								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2763 Windridge Dr	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43231	12	04	09		12.00	
Full Name of Contributor							Registration Number, if PAC	
Susan D. Stoney								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1373 Wild Horse Drive	N/A						check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	12	08	09		16.00	

* 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 $ 82.00