

# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with M.R.							Registration Number, if PAC		
Full Name of Contributor Jed Morison							Form (Cash, Check, etc.) Check		
Street Address 2572 Brentwood Rd.				Employer/Occupation/Labor Organization*			Amount		
City Coh,		State OH	Zip Code 43209		M 0	D 1	Y 24	0	8
Full Name of Contributor Barbara Shea							Registration Number, if PAC		
Street Address 3166 Somerford Rd.							Form (Cash, Check, etc.) Check		
Street Address 3166 Somerford Rd.				Employer/Occupation/Labor Organization*			Amount		
City Coh,		State OH	Zip Code 43221		M 0	D 1	Y 24	0	8
Full Name of Contributor Gene Arnold							Registration Number, if PAC		
Street Address 479 S. Galena Rd.							Form (Cash, Check, etc.) Check		
Street Address 479 S. Galena Rd.				Employer/Occupation/Labor Organization*			Amount		
City Suburbury		State OH	Zip Code 43074		M 0	D 1	Y 11	0	8
Full Name of Contributor Betsey Bensons							Registration Number, if PAC		
Street Address 864 Northbridge Lane							Form (Cash, Check, etc.) Check		
Street Address 864 Northbridge Lane				Employer/Occupation/Labor Organization*			Amount		
City Columbus		State OH	Zip Code 43235		M 0	D 1	Y 26	0	8
Full Name of Contributor Childhood League							Registration Number, if PAC		
Street Address E. Livingston Ave.							Form (Cash, Check, etc.) Check		
Street Address E. Livingston Ave.				Employer/Occupation/Labor Organization*			Amount		
City Columbus		State OH	Zip Code 43205		M 0	D 1	Y 23	0	8
Full Name of Contributor Tom Fish							Registration Number, if PAC		
Street Address 3467 Waltham Ct.							Form (Cash, Check, etc.) Check		
Street Address 3467 Waltham Ct.				Employer/Occupation/Labor Organization*			Amount		
City Powell		State OH	Zip Code 43065		M 0	D 1	Y 09	0	8
Full Name of Contributor Peggy Martin							Registration Number, if PAC		
Street Address 6189 Mc Naughton Graveln.							Form (Cash, Check, etc.) Check		
Street Address 6189 Mc Naughton Graveln.				Employer/Occupation/Labor Organization*			Amount		
City Coh,		State OH	Zip Code 43213		M 1	D 2	Y 20	0	7

\*Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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)