

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <i>Citizens Committee for Persons with M.R.</i>				
Full Name of Contributor <i>Net Contributions from Form 31-E</i>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City <i>Columbus</i>	State <i>OH</i>	Zip Code	M <i>02</i>	D <i>14</i>
			Y <i>08</i>	Amount <i>\$2766.27</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D
			Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D
			Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D
			Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D
			Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D
			Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D
			Y	Amount

*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)

Page Total \$ 2766.27