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		
Laura E. Billingham									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
483 Cumberland Dr	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Whitehall	OH	43213	05	06	10			23.00	
Full Name of Contributor							Registration Number, if PAC		
Rebecca A Love									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
175 Mayfair Blvd	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43213	04	30	10			72.00	
Full Name of Contributor							Registration Number, if PAC		
Rose M. Sawyers									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1160 Belle Meade Pl	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Westerville	OH	43081	05	06	10			23.00	
Full Name of Contributor							Registration Number, if PAC		
Linda C. Alexander									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1232 Park Dr.	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Gahanna	OH	43230	05	06	10			36.00	
Full Name of Contributor							Registration Number, if PAC		
Debra L. Rose									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
2359 Gavinley Way	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	OH	43220	05	06	10			12.00	
Full Name of Contributor							Registration Number, if PAC		
Christine J. Andrews									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
4537 Clayburn Dr. W	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Grove City	OH	43123	05	06	10			32.00	
Full Name of Contributor							Registration Number, if PAC		
Stacey A Coriell									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
4752 Powerhorn Ln.	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Westerville	OH	43081	05	06	10			59.00	
Full Name of Contributor							Registration Number, if PAC		
S. Jean Goss									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
603 Dunoon Dr.	N/A							check	
City	State	Zip Code	M	D	Y			Amount	
Gahanna	OH	43230	05	06	10			23.00	

* 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 $ 280.00