

# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <i>Citizens Committee for Persons with Mental Retardation</i>									
Full Name of Contributor <i>'Net Contributions from Form # 31-E'</i>							Registration Number, if PAC		
Street Address <i>See Attached</i>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Cash/Checks</i>	
City <i>Columbus</i>		State <i>OH</i>		Zip Code		M D Y <i>1 2 3 1 0 7</i>		Amount <i>50,274.78</i>	

  

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Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y		Amount	

  

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\*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 \$ \_\_\_\_\_