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## **Statement of Contributions Received**

Prescribed by Secretary of State 8/95

Name of Committee in Full Citizens Coruméthee on Person	LS W	ith	Mental Retur	du 1	hu	2			
Full Name of Contributor  Net Contributions from From	# 31	- E	1	R	egistra	tion N	umb	er, if I	PAC .
Name of Committee in Full  Citizens Corumittee in Person  Full Name of Contributor  Net Contributions from Form  Street Address  Lee Attached  City  C	Employer/	Оссира	tion/Labor Organization*	······ <del></del>					Form (Cash, Check, etc.)
City	State	H	Zip Code	1	M 2	D ろ	1	7	Cash Checks Amount 50,274.78
Full Name of Contributor				Re	egistra	tion N	umb	er, if F	AC
Street Address	Employer/	Оссиран	tion/Labor Organization*						Form (Cash, Check, etc.)
City	State	:	Zip Code	'	M	D		Y	Amount
Full Name of Contributor			<u> </u>	Re	gistra	tion N	umb	er, if P	AC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.				
City	State		Zip Code	ı	М	D	T	Y	Amount
Full Name of Contributor Registration Number, if PAC								AC	
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
City	State		Zip Code	ŀ	M	D	T	Y	Amount
Full Name of Contributor					Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
City	State		Zip Code	1	M	D	T	Y	Amount
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/	Occupati	ion/Labor Organization*				•		Form (Cash, Check, etc.)
City	State	<del></del>	Zip Code	1	М	D	T	Y	Amount
Full Name of Contributor			Re	Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	State	:	Zip Code	1	M	D	T	Y	Amount
	<del>1</del>		<u> </u>		1	L			

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



