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Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full						
Citizens Committee	for Per	sons with M.1	₹.			
Full Name of Contributor Community Living Expenses	·			ration N	umber, if	PAC
Street Address 2939 Donny lane Block. City	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.
City 2539 Donny lane Bloth.	2.5.					Check
Full Name of Contributor	State H	Zip Code 43235	03	31	08	Amount 200.00
JAN Di Pietro			Registi	ation Nu	ımber, if	PAC
Street Address LUUN GRAT Ron Pl.	Employer/Occupa	ation/Labor Organization*		_		Form (Cash, Check, etc.
Full Name of Contributor	State H	Zip Code 43123	03	3,	08	Amount 25.00
Mark Ihnsm	<u> </u>	1	Registr	ation Nu	mber, if F	'AC
Street Address 53265175 Noblands Dr.	Employer/Occupat	ntion/Labor Organization*				Form (Cash, Check, etc.)
Columbus	State 9	Zip Code 43026	U Z	20	o F	Amount 30.00
			Registr	ation Nu	mber, if P	
Street Address 1009 Illumbruse	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.) Check Amount
Cun	State 9 H	Zip Code 4 3205	M 3	111	03	Amount 125x0
Full Name of Contributor			Registra	tion Nu	mber, if P.	AC
Street Address	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
Сіту	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Nur	nber, if P	AC
Street Address	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor		1	Registra	tion Nur	nber, if Pa	AC
Street Address	Employer/Occupati	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount

Page Total \$ 380

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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)