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 | |
| Lynette Jones | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 4104 Stockdale Pl | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Gahanna | OH | 43230 | | | 03 | 29 | 10 | | | 33.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Tracey Y. Posey | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 2376 Delavan Dr | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Columbus | OH | 43219 | | | 03 | 25 | 10 | | | 55.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Sharon L Plageman | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 32 Jefferson Court | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Pataskala | OH | 43062 | | | 03 | 29 | 10 | | | 11.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Mary Brown | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 6049 Sandgate | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Columbus | OH | 43229 | | | 03 | 30 | 10 | | | 77.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Daria Clair | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 5659 Indian Mound Ct. | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Columbus | OH | 43213 | | | 03 | 27 | 10 | | | 81.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Beverly Ryan | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 173 Longfellow Ave | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Worthington | OH | 43085 | | | 03 | 30 | 10 | | | 57.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Denise J. Henkel | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 351 Center Street | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Groveport | OH | 43125 | | | 03 | 31 | 10 | | | 40.00 | |
| Full Name of Contributor | | | | | | | | | | Registration Number, if PAC | |
| Debra S. Kinney | | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | | | Form (Cash, Check, etc.) | |
| 698 Powhatan | N/A | | | | | | | | | check | |
| City | State | Zip Code | | | M | D | Y | | | Amount | |
| Columbus | OH | 43204 | | | 03 | 28 | 10 | | | 33.00 | |

* 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 $ 387.00