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		
Rebecca K Beaudet									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
904 W. Main Street	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Hebron	OH	43023	03	19	10		103.30		
Full Name of Contributor							Registration Number, if PAC		
Service Coordination									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1600 Watermark	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43215	03	20	10		106.00		
Full Name of Contributor							Registration Number, if PAC		
Service Coordination									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1600 Watermark	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43215	03	24	10		247.00		
Full Name of Contributor							Registration Number, if PAC		
Trena L. Brown									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
10545 Amish Ridge Rd.	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Somerset	OH	43783	03	12	10		22.00		
Full Name of Contributor							Registration Number, if PAC		
Kathy Rearick									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1114 Fordham Rd	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43224	03	17	10		33.00		
Full Name of Contributor							Registration Number, if PAC		
Laurie H Shkolnik									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
215 S Virginialee Rd.	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43209	03	15	10		56.00		
Full Name of Contributor							Registration Number, if PAC		
Danielle L. Williams									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1308 W 7th Avenue	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Columbus	OH	43212	03	16	10		22.00		
Full Name of Contributor							Registration Number, if PAC		
Lynne Fogel									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
6597 Estate View Drive South	N/A						check		
City	State	Zip Code	M	D	Y		Amount		
Blacklick	OH	43004	03	10	10		40.00		

* 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 $ 629.30