

Ohio Campaign Finance Report

Prescribed by Secretary of State 8/95

Full Name of Committee <i>Citizens Committee for Persons with Mental Retardation</i>						Registration Number, if PAC				
Street Address <i>600 S. High Street</i>						District				
City <i>Columbus</i>						State <i>OH</i>		Zip Code <i>43215</i>		
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year <i>2007</i>
		July Monthly		August Monthly		September Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No					Date of Election		M	D	Y	

Office Sought (Candidates only) _____
 For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box
 No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	<i>125,408</i>	<i>53</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>50,274</i>	<i>78</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>6769</i>	<i>78</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>182,453</i>	<i>09</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>1,336.</i>	<i>48</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>\$181,116</i>	<i>61</i>
Value of in-kind contributions received (From Form No. 31-J-1)	\$		
Value of in-kind contributions made (From Form No. 31-J-2)	\$		
Outstanding loans owed by committee (From Form No. 31-C)	\$		
Outstanding debts owed by committee (From Form No. 31-N)	\$		
Outstanding loans owed to committee (From Form No. 31-K)	\$		
Value of independent expenditures made (From Form No. 31-U)	\$		

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 LAMARIN COUNTY
 BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. THE PENALTY FOR ELECTION FALSIFICATION IS IMPRISONMENT FOR NOT MORE THAN SIX MONTHS, OR A FINE OF NOT MORE THAN \$1,000, OR BOTH.

Robert Albright, Treasurer
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date *1-17-2008*

Contribution pages 9

Expenditure pages 3

Other pages 66

Total pages 78

Statement of Contributions Received

Prescribed by Secretary of State 8/95

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

*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)

Statement of Contributions Received at a Social or Fund-Raising Event

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>(Tailgate Party) Early Childhood Volunteers Fund Raisers /w Staff</i>				Registration number, if PAC			
Street Address <i>2879 Johnstown Road</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	<i>0</i>	<i>2</i>	<i>0</i>	<i>426.40</i>
Form (Cash, Check, etc.) <i>Cash</i>							
Full Name of Contributor <i>Bixby Fund Raisers / Parents</i>							
Street Address <i>4200 Bixby Road</i>				Registration number, if PAC			
City <i>Croquet</i>		State <i>OH</i>	Zip Code <i>43125</i>	M	D	Y	Amount
				<i>0</i>	<i>2</i>	<i>0</i>	<i>236.00</i>
Form (Cash, Check, etc.) <i>Checks</i>							
Full Name of Contributor <i>Hague Fund Raisers / Parents</i>							
Street Address <i>4200 Bixby Road</i>				Registration number, if PAC			
City <i>Croquet</i>		State <i>OH</i>	Zip Code <i>43125</i>	M	D	Y	Amount
				<i>0</i>	<i>2</i>	<i>0</i>	<i>75.71</i>
Form (Cash, Check, etc.) <i>Check</i>							
Full Name of Contributor <i>For the Fun of It Bowling Event</i>							
Street Address <i>2899 Johnstown Road</i>				Registration number, if PAC			
City <i>Cbs,</i>		State <i>OH</i>	Zip Code <i>43219</i>	M	D	Y	Amount
				<i>0</i>	<i>2</i>	<i>0</i>	<i>1217.00</i>
Form (Cash, Check, etc.) <i>Check</i>							
Full Name of Contributor <i>ECE Levy Fund Raisers (Shirt Sale, Super Bowl Party)</i>							
Street Address <i>2879 Johnstown Road</i>				Registration number, if PAC			
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	M	D	Y	Amount
				<i>0</i>	<i>3</i>	<i>0</i>	<i>3390</i>
Form (Cash, Check, etc.) <i>Cash & Checks</i>							
Full Name of Contributor <i>VOLT Management Corp. (Community Fair Awards)</i>							
Street Address <i>P.O. Box 13500</i>				Registration number, if PAC			
City <i>Orange</i>		State <i>CA</i>	Zip Code <i>92857</i>	M	D	Y	Amount
				<i>0</i>	<i>3</i>	<i>0</i>	<i>350.00</i>
Form (Cash, Check, etc.) <i>Check</i>							

* 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)
Fill in the boxes below only on the last page for this event.

Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		minus	Total expenditures this event		=	Net Amount

Statement of Contributions Received at a Social or Fund-Raising Event

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>ECE - Mardi Gras Lunch Fund Raiser</i>				Registration number, if PAC	
Street Address <i>2879 Johnston Road</i>		Employer/Occupation/Labor Organization*		M D Y	Amount
<i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	<i>03 27 07</i>	<i>\$258.00</i>
Form (Cash, Check, etc.) <i>Cash</i>					
Full Name of Contributor <i>'Biggest Loser Competition' Fund Raiser</i>					
Street Address <i>2879 Johnston Road</i>				Registration number, if PAC	
City <i>Columbus, Ohio</i>		State <i>OH</i>	Zip Code <i>43219</i>	M D Y	Amount
				<i>03 27 07</i>	<i>1620.00</i>
Form (Cash, Check, etc.)					
Full Name of Contributor <i>ECE Spring Plant Sale</i>					
Street Address <i>2899 Johnston Road</i>				Registration number, if PAC	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	M D Y	Amount
				<i>04 17 07</i>	<i>4981.00</i>
Form (Cash, Check, etc.) <i>Cash/Checks</i>					
Full Name of Contributor <i>Hague Living Skills Center Fund Raiser</i>					
Street Address <i>4200 Bixby</i>				Registration number, if PAC	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	M D Y	Amount
				<i>04 17 07</i>	<i>383.50</i>
Form (Cash, Check, etc.) <i>Checks</i>					
Full Name of Contributor <i>ECE Spring Plant Sale & Mary Kay Sale</i>					
Street Address <i>Johnston Road</i>				Registration number, if PAC	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	M D Y	Amount
				<i>05 22 07</i>	<i>1172.50</i>
Form (Cash, Check, etc.) <i>Cash/Checks</i>					
Full Name of Contributor <i>ARC Sales Cookbook Fund Raiser</i>					
Street Address <i>Marilyn Lane</i>				Registration number, if PAC	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	M D Y	Amount
				<i>05 22 07</i>	<i>816.92</i>
Form (Cash, Check, etc.) <i>Check</i>					

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Fill in the boxes below only on the last page for this event.
Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		minus	Total expenditures this event		=	Net Amount

Statement of Contributions Received at a Social or Fund-Raising Event

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>Boichy LSC Fund Raiser -</i>				Registration number, if PAC			
Street Address <i>4200 Boichy Rd.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Cornepont</i>		State <i>OH</i>	Zip Code <i>43125</i>	<i>0</i>	<i>5</i>	<i>2</i>	<i>200.00</i>
				Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>ECE Fund Raisers (Plant Sale, Popcorn & Art Sale, Polo Shirt Sale)</i>							
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Cbs,</i>		State <i>OH</i>	Zip Code <i>43219</i>	<i>0</i>	<i>6</i>	<i>13</i>	<i>2526.60</i>
				Form (Cash, Check, etc.) <i>Cash/Checks</i>			
Full Name of Contributor <i>Service Coordination Fund Raisers</i>							
Street Address <i>E. Broad Street</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	<i>0</i>	<i>6</i>	<i>13</i>	<i>72254.00</i>
				Form (Cash, Check, etc.)			
Full Name of Contributor <i>Community Star Awards (Creative Housing and ARC Industries) Sponsorship/Registrations</i>							
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Cbs,</i>		State <i>OH</i>	Zip Code <i>43219</i>	<i>0</i>	<i>6</i>	<i>13</i>	<i>12,500.00</i>
				Form (Cash, Check, etc.) <i>Checks</i>			
Full Name of Contributor <i>ECE Art Sale</i>							
Street Address <i>Rudy Road</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43214</i>	<i>0</i>	<i>7</i>	<i>03</i>	<i>305.00</i>
				Form (Cash, Check, etc.) <i>Cash/Checks</i>			
Full Name of Contributor <i>Yoga Fund Raiser</i>							
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Cbs,</i>		State <i>OH</i>	Zip Code <i>43219</i>	<i>0</i>	<i>7</i>	<i>03</i>	<i>330.00</i>
				Form (Cash, Check, etc.) <i>Cash/Checks</i>			

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Total contributions this event		minus	Total expenditures this event		=	Net Amount

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full		Registration number, if PAC	
Citizens Committee for Persons with Mental Retardation			
Service Coordinators Fund Raisers			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
E. Broad Street		0	7 0 3 0 7 546.04
City	State Zip Code	Form (Cash, Check, etc.)	
Colo,	0 H 43218	Cash	
Community Star Awards (Goodwill & A.D.D.)			
Johnston Road			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
Johnston Road		0	7 0 3 0 7 10,000.00
City	State Zip Code	Form (Cash, Check, etc.)	
Colo,	0 H 43219	Checks	
ECE - 'Mary Kay' Fund Raiser			
Johnston Road			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
Johnston Road		0	7 2 3 0 7 65.00
City	State Zip Code	Form (Cash, Check, etc.)	
Colo,	0 H 43219	Check	
Bixby Fund Raisers			
4200 Bixby Road			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4200 Bixby Road		0	7 2 3 0 7 \$200.00
City	State Zip Code	Form (Cash, Check, etc.)	
Creepert	0 H 43125	Check	
Community Star Awards (Wisner & FERS)			
Johnston Road			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
Johnston Road		0	7 2 3 0 7 10,000.00
City	State Zip Code	Form (Cash, Check, etc.)	
Colo,	0 H 43219	Checks	
Community Star Awards Registrations			
See attached			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
See attached		0	9 2 6 0 7 7245.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	0 H 43219	Checks	

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Fill in the boxes below only on the last page for this event.
Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		minus	Total expenditures this event		=	Net Amount

Statement of Contributions Received at a Social or Fund-Raising Event

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>Hague LSC Fund Raisers</i>			Registration number, if PAC	
Street Address <i>c/o 4200 Pixby</i>	Employer/Occupation/Labor Organization*		M D Y <i>09 26 07</i>	Amount <i>167.00</i>
City <i>Groveport</i>	State <i>OH</i>	Zip Code <i>43125</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Yoga Fund Raisers / Fall</i>			Registration number, if PAC	
Street Address <i>Johnston Road</i>	Employer/Occupation/Labor Organization*		M D Y <i>09 26 07</i>	Amount <i>840.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>ARC Industries Fund Raisers (Creating Cans, Afghan, Veggie Sales)</i>			Registration number, if PAC	
Street Address <i>Marilyn Lane</i>	Employer/Occupation/Labor Organization*		M D Y <i>09 26 07</i>	Amount <i>840.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>Fall Yoga Fund Raiser</i>			Registration number, if PAC	
Street Address <i>Johnston Road</i>	Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>760.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>Community Star Awards / Parker-Huffman Table</i>			Registration number, if PAC	
Street Address <i>Johnston Road</i>	Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>350.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Community Star Awards - Registrations</i>			Registration number, if PAC	
Street Address <i>(See attached)</i>	Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>3000.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Check</i>	

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Fill in the boxes below only on the last page for this event.
Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		minus	Total expenditures this event		=	Net Amount	

Statement of Contributions Received at a Social or Fund-Raising Event

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>ARC North - Levy Fundraisers</i>				Registration number, if PAC	
Street Address <i>Doubltree Ave.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>489.00</i>
City <i>Cts.</i>	State <i>OH</i>	Zip Code <i>43229</i>		Form (Cash, Check, etc.) <i>Checks</i>	
Full Name of Contributor <i>Hague Levy Fund Raiser</i>				Registration number, if PAC	
Street Address <i>610 4200 Poiry Rd</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>25.00</i>
City <i>Cincinnati</i>	State <i>OH</i>	Zip Code <i>43125</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>September YOGA Fund Raiser</i>				Registration number, if PAC	
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>105.00</i>
City <i>Cts.</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>ARC Central Fund Raisers (Buckeye Jewelry, Cards, Tailgating)</i>				Registration number, if PAC	
Street Address <i>Marilyn Ave.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>1592.00</i>
City <i>Cts.</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>Community Star Funds Registrations</i>				Registration number, if PAC	
Street Address <i>Johnston Rd/ See attached</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>805.00</i>
City <i>Cts.</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Checks</i>	
Full Name of Contributor <i>Panera Bread Fund Raiser</i>				Registration number, if PAC	
Street Address <i>See Attached Checks</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 19 07</i>	Amount <i>524.00</i>
City <i>Cts.</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Cash/Checks</i>	

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Fill in the boxes below only on the last page for this event.
Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event	minus		=	Net Amount

Statement of Contributions Received at a Social or Fund-Raising Event

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>Jean Days Fund Raiser / Semi Coordination</i>				Registration number, if PAC	
Street Address <i>E. Broad Street</i>		Employer/Occupation/Labor Organization*		M D Y <i>11 19 07</i>	Amount <i>425.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>Checks</i>	
Full Name of Contributor <i>Yoga Fund Raiser</i>				Registration number, if PAC	
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M D Y <i>11 19 07</i>	Amount <i>40.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Checks</i>	
Full Name of Contributor <i>ARC Central Fundraisers</i>				Registration number, if PAC	
Street Address <i>Marilyn Lane</i>		Employer/Occupation/Labor Organization*		M D Y <i>11 19 07</i>	Amount <i>1425.00</i>
City <i>Cbs,</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>Community Spa Awards (VOLT Registration / Tables)</i>				Registration number, if PAC	
Street Address <i>Johnston Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>12 19 07</i>	Amount <i>350.00</i>
City <i>Cbs,</i>	State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>ARC Ind. East Fund Raisers / Open House</i>				Registration number, if PAC	
Street Address <i>Taylor Station Road</i>		Employer/Occupation/Labor Organization*		M D Y <i>12 19 07</i>	Amount <i>1452.00</i>
City <i>Cbs,</i>	State <i>OH</i>	Zip Code <i>43210</i>		Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>Servic Leadership Fund Raisers</i>				Registration number, if PAC	
Street Address <i>E. Broad St.</i>		Employer/Occupation/Labor Organization*		M D Y <i>12 19 07</i>	Amount <i>150.00</i>
City <i>Cbs,</i>	State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>Check</i>	

* 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)
Fill in the boxes below only on the last page for this event.

Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		minus	Total expenditures this event		=	Net Amount

Statement of Contributions Received at a Social or Fund-Raising Event

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>Yoga Fund raiser</i>			Registration number, if PAC	
Street Address <i>Johnston Road</i>	Employer/Occupation/Labor Organization*		M D Y <i>12 19 07</i>	Amount <i>925.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor <i>ARC Central Fund raisers</i>			Registration number, if PAC	
Street Address <i>Marilyn Lane</i>	Employer/Occupation/Labor Organization*		M D Y <i>12 19 07</i>	Amount <i>2884.11</i>
City <i>Cols,</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>	
Full Name of Contributor			Registration number, if PAC <i>---</i>	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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)
Fill in the boxes below only on the last page for this event.

Transfer the net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions ^{for} this event	minus	Total expenditures this event	=	Net Amount
<i>78,244 78</i>		<i>27970 -</i>		<i>50,274 78</i>

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with Mental Retardation									
To Whom Paid						M	D	Y	Amount
GFS Marketplace						0	1	07	711.47
Address		Purpose							
P.O. Box 2087		Pie Sale Fund Raiser							
City		State	Zip Code		Category Code *				
Grand Rapids		MI	49501						
To Whom Paid						M	D	Y	Amount
SPS / Screen Printing Showhouse						0	2	07	2432.57
Address		Purpose							
853 N. Nelson Rd.		Shirt/Sweatshirt Sale Fund Raiser							
City		State	Zip Code		Category Code *				
Cts,		OH	43219						
To Whom Paid						M	D	Y	Amount
Strader's Greenhouse						0	5	07	4759.60
Address		Purpose							
2623 London Crueport Rd.		ECE Plant Sale							
City		State	Zip Code		Category Code *				
Crue City		OH	43123						
To Whom Paid						M	D	Y	Amount
"Biggest Loser" Winners						0	5	07	1449
Address		Purpose							
See Attached Checks #1258-1272		Biggest Loser Contest							
City		State	Zip Code		Category Code *				
Columbus		OH							
To Whom Paid						M	D	Y	Amount
Screen Printing Showhouse / SPS						0	5	07	807.93
Address		Purpose							
853 N. Nelson Rd.		Sweatshirt / Shirt Sale Fund Raiser							
City		State	Zip Code		Category Code *				
Cts,		OH	43219						
To Whom Paid						M	D	Y	Amount
Jackie DeLuca						0	6	07	360.00
Address		Purpose							
183 N. Ardmore		Yoga Fund Raiser							
City		State	Zip Code		Category Code *				
Coto.		OH	43209						
To Whom Paid						M	D	Y	Amount
Jackie DeLuca						0	8	07	410.
Address		Purpose							
183 N. Ardmore		Yoga Fund Raiser							
City		State	Zip Code		Category Code *				
Cts,		OH	43209						

* Please review the instruction page to determine which category code is correct.
Transfer total expenditures for this event to Form No. 31-E

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with Mental Retardation									
To Whom Paid						M	D	Y	Amount
Jackie DeLuca						09	25	07	240.00
Address			Purpose						
183 N. Ardmore			Yoga Fund Raiser						
City		State	Zip Code	Category Code *					
Columbus		OH	43209						
To Whom Paid						M	D	Y	Amount
Lillian Beck						10	02	07	15.00
Address			Purpose						
350 E. Broad St.			Refund for Yoga						
City		State	Zip Code	Category Code *					
Columbus		OH	43215						
To Whom Paid						M	D	Y	Amount
Jackie DeLuca						10	29	07	720.00
Address			Purpose						
183 N. Ardmore			Yoga Instruction / Fund Raiser						
City		State	Zip Code	Category Code *					
Columbus		OH	43209						
To Whom Paid						M	D	Y	Amount
Dave Powers						10	29	07	800.00
Address			Purpose						
P.O. Box 141417			Entertainment for Community Star Awards						
City		State	Zip Code	Category Code *					
Columbus		OH	43214						
To Whom Paid						M	D	Y	Amount
Villa Milanow						11	08	07	14,284.43
Address			Purpose						
1630 Schrock Road			Food for Community Star Awards						
City		State	Zip Code	Category Code *					
Columbus		OH	43229						
To Whom Paid						M	D	Y	Amount
Breads of the World - Parera, LLC						11	09	07	260.00
Address			Purpose						
877 Bethel			Bread Sale Fund Raiser						
City		State	Zip Code	Category Code *					
Columbus		OH	43214						
To Whom Paid						M	D	Y	Amount
Jackie DeLuca						12	03	07	720.00
Address			Purpose						
183 N. Ardmore			Yoga Fund Raiser - Instruction						
City		State	Zip Code	Category Code *					
Columbus		OH	43209						

* Please review the instruction page to determine which category code is correct.
Transfer total expenditures for this event to Form No. 31-E

Page Total \$ 17,039.43

+ 10,930.57
\$ 27,970

Statement of Other Income

Prescribed by Secretary of State 8/95

Name of Committee in Full				Registration number, if PAC			
Citizens Committee for Persons with Mental Retardation							
Full Name Amtrust Bank Savings Account				Registration number, if PAC			
Address P.O. Box 94506		Type* IN		M 1	D 2	Y 3	Amount 721.39
City Cleveland		State OH	Zip Code 44101	Form (Cash, Check, etc.) Bank Interest			
Full Name Chase Bank CDs & Money Market Accounts				Registration number, if PAC			
Address P.O. Box 260180		Type* IN		M 1	D 2	Y 3	Amount 6048.39
City Baton Rouge		State LA	Zip Code 70826	Form (Cash, Check, etc.) Bank Statements			
Full Name				Registration number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee.

Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full							
Citizens Committee for Persons with Mental Retardation							
To Whom Paid				M	D	Y	Amount
United States Treasurer				0	2	07	246.00
Address		Purpose					
		Taxes for 2006 Year					
City		State	Zip Code	Category Code*			
Ogden		UT	84201				
To Whom Paid				M	D	Y	Amount
Ohio VCS				1	2	07	1090.48
Address		Purpose					
812 Huron Road #890		Voter lists for Polling					
City		State	Zip Code	Category Code*			
Cleveland		OH	44115				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Category Code*			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Category Code*			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Category Code*			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Category Code*			

* Please review the instruction page to determine which category code is correct.