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FRANKLIN COUNTY  
BOARD OF ELECTIONS

# Ohio Campaign Finance Report

Prescribed by Secretary of State 8/95

Full Name of Committee <i>Citizens Committee for Persons with M.R.</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)	Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	Pre-General	Post-General	Annual Year			
	July Monthly	August Monthly	September Monthly	Termination				
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No						Date of Election <i>03 04 08</i>		

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>63,911</i>	<i>73</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>109,951</i>	<i>50</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>875</i>	<i>60</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>174,738</i>	<i>83</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>120,177</i>	<i>47</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>54,561</i>	<i>36</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)	\$		

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 E. Albright, Treasurer*  
Print Name and Title (Treasurer and Deputy Treasurer only)

*[Signature]*  
Signature

*4/4/08*  
Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages \_\_\_\_\_

# Statement of Other Income

Prescribed by Secretary of State 8/95

Name of Committee in Full							
Citizens Committee for Persons with M.K.							
Full Name				Registration number, if PAC			
Chase Bank							
Address		Type*		M	D	Y	Amount
		IN		03	03	08	115.37
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	Check			
Full Name				Registration number, if PAC			
Chase Bank							
Address		Type*		M	D	Y	Amount
		IN		02	25	08	760.23
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	Check			
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 Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with M.R.									
Full Name of Contributor Community Living Experiences							Registration Number, if PAC		
Street Address 2939 Donnylane Blvd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cds,		State OH	Zip Code 43235		M 03	D 31	Y 08	Amount 200.00	
Full Name of Contributor John Di Pietro							Registration Number, if PAC		
Street Address 6000 Grant Run Pl.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43123		M 03	D 31	Y 08	Amount 25.00	
Full Name of Contributor Mark Johnson							Registration Number, if PAC		
Street Address 53265175 Redlands Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43026		M 02	D 20	Y 09	Amount 30.00	
Full Name of Contributor George Tabit							Registration Number, if PAC		
Street Address 1009 Hlunhake				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cds		State OH	Zip Code 43205		M 03	D 11	Y 08	Amount 125.00	
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

Prescribed by Secretary of State 8/95

Name of Committee in Full							
Citizens Committee for Persons with M.R.							
Full Name of Contributor Living in Family Environments						Registration Number, if PAC	
Street Address 142 N. High St.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cohasset		State OH	Zip Code	M 0	D 2	Y 08	Amount \$1000.
Full Name of Contributor Schorr Architects							
Street Address 230 Bradenton						Registration Number, if PAC	
Street Address 230 Bradenton				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 0	D 2	Y 08	Amount \$200.
Full Name of Contributor A. D. D.							
Street Address 1392 Dubhri Rd.						Registration Number, if PAC	
Street Address 1392 Dubhri Rd.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cohasset		State OH	Zip Code 43215	M 0	D 2	Y 08	Amount \$5000.
Full Name of Contributor D. S. A. C. O.							
Street Address 2879 Johnston Rd.						Registration Number, if PAC	
Street Address 2879 Johnston Rd.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cohasset		State OH	Zip Code 43219	M 0	D 2	Y 08	Amount \$500.
Full Name of Contributor Dorothy Renner							
Street Address 5558 Roche Dr.						Registration Number, if PAC	
Street Address 5558 Roche Dr.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cohasset		State OH	Zip Code 43229	M 0	D 2	Y 08	Amount \$50.
Full Name of Contributor Chris Poptik							
Street Address 1018 Oak St. # A						Registration Number, if PAC	
Street Address 1018 Oak St. # A				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43205	M 0	D 2	Y 08	Amount 20.00
Full Name of Contributor R. J. Woodward							
Street Address 431 Cardinal Hill Lane						Registration Number, if PAC	
Street Address 431 Cardinal Hill Lane				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Powell		State OH	Zip Code 43065	M 0	D 2	Y 08	Amount \$500.

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# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with M.R.							Registration Number, if PAC		
Full Name of Contributor Marianne McLament							Form (Cash, Check, etc.)		
Street Address 2505 Bedford Pl.				Employer/Occupation/Labor Organization*			Check		
City Columbus		State OH	Zip Code 43209		M 0	D 2	Y 08	Amount \$25.	
Full Name of Contributor Linda Fleming							Registration Number, if PAC		
Street Address 1452 Sedgefield Dr.							Form (Cash, Check, etc.)		
City Columbus				Employer/Occupation/Labor Organization*			Check		
City Columbus		State OH	Zip Code 43054		M 0	D 2	Y 08	Amount \$50.	
Full Name of Contributor Lorraine Tafuya							Registration Number, if PAC		
Street Address 45 Zellers Lane							Form (Cash, Check, etc.)		
City Columbus Pataskala				Employer/Occupation/Labor Organization*			Check		
City Columbus Pataskala		State OH	Zip Code 43062		M 0	D 2	Y 08	Amount 30.00	
Full Name of Contributor Jerome Rose							Registration Number, if PAC		
Street Address 1543 Ottawa Dr. N.W.							Form (Cash, Check, etc.)		
City Columbus				Employer/Occupation/Labor Organization*			Check		
City Columbus		State OH	Zip Code 43110		M 0	D 2	Y 08	Amount \$100.	
Full Name of Contributor Sally Harrington							Registration Number, if PAC		
Street Address 2555 Darwin Dr.							Form (Cash, Check, etc.)		
City Columbus				Employer/Occupation/Labor Organization*			Check		
City Columbus		State OH	Zip Code 43235		M 0	D 2	Y 08	Amount 50.00	
Full Name of Contributor Linda Gerber							Registration Number, if PAC		
Street Address 4720 Estersbrook Rd.							Form (Cash, Check, etc.)		
City Columbus				Employer/Occupation/Labor Organization*			Check		
City Columbus		State OH	Zip Code 43229		M 0	D 2	Y 08	Amount 25.00	
Full Name of Contributor John Wagner							Registration Number, if PAC		
Street Address 3256 Whitehead Rd.							Form (Cash, Check, etc.)		
City Columbus				Employer/Occupation/Labor Organization*			Check		
City Columbus		State OH	Zip Code 43204		M 0	D 2	Y 08	Amount 500.00	

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# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <b>Citizens Committee for Persons with M.R.</b>							
Full Name of Contributor <b>F. C. R.S. (Fund Raisers)</b>						Registration Number, if PAC	
Street Address <b>1021 Chickadee</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43225</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>20,000.</b>	
Full Name of Contributor <b>ARC Industries (Fund Raisers)</b>						Registration Number, if PAC	
Street Address <b>Marilyn Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>50,000</b>	
Full Name of Contributor <b>Deborah Reister</b>						Registration Number, if PAC	
Street Address <b>920 Kenmore Ct.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>35.00</b>	
Full Name of Contributor <b>Roberta Lehman</b>						Registration Number, if PAC	
Street Address <b>1591 Denbigh Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>20.00</b>	
Full Name of Contributor <b>Kathleen Mortimer</b>						Registration Number, if PAC	
Street Address <b>3259 Pebble Beach Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus Cross City</b>		State <b>OH</b>	Zip Code <b>43223</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>40.00</b>	
Full Name of Contributor <b>Tom Bilodeau</b>						Registration Number, if PAC	
Street Address <b>106 E. New England Ave.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43285</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>100.</b>	
Full Name of Contributor <b>Frank Now</b>						Registration Number, if PAC	
Street Address <b>19198 Hill Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus Circleville</b>		State <b>OH</b>	Zip Code <b>43113</b>		M <b>02</b>	D <b>20</b>	Y <b>08</b>
						Amount <b>100.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <b>Citizens Committee for Persons with M.R.</b>									
Full Name of Contributor <b>Katherine Meyer</b>							Registration Number, if PAC		
Street Address <b>1179 Middleport Dr.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Barbara Michael-Jones</b>							Registration Number, if PAC		
Street Address <b>1005 Chelsea Ave.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>West Central Parent Group</b>							Registration Number, if PAC		
Street Address <b>1481 W. Tunn St.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43222</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Jennifer Schuerman</b>							Registration Number, if PAC		
Street Address <b>363 Abbotshury Ct.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43082</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Marcy Samuel</b>							Registration Number, if PAC		
Street Address <b>552 Westbury Wood Ct.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43081</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>200.</b>	
Full Name of Contributor <b>Franklin Co. Special Olympics (Building Fund Raiser)</b>							Registration Number, if PAC		
Street Address <b>2815 Johnson Rd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>1366.00</b>	
Full Name of Contributor <b>Carolyn Rowland</b>							Registration Number, if PAC		
Street Address <b>2492 Stafford Dr.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43216</b>		M <b>0</b>	D <b>2</b>	Y <b>008</b>	Amount <b>30.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with M.R.									
Full Name of Contributor Evelyn Rubedue						Registration Number, if PAC			
Street Address 2320 Hyde Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43223		M 0	D 2	Y 2008	Amount 10.00	
Full Name of Contributor Creative Housing									
Street Address 2233 City Gate Dr.						Registration Number, if PAC			
City Columbus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 2	Y 2008	Amount 15,000.00	
Full Name of Contributor AOC Industries, North (Fund Raisers)									
Street Address Cheekers Rd.						Registration Number, if PAC			
City Columbus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check & Cash		
City Columbus		State OH	Zip Code 43229		M 0	D 2	Y 2008	Amount 960.50	
Full Name of Contributor Young Independent Consultants									
Street Address 531 Cliffside Dr.						Registration Number, if PAC			
City Columbus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43202		M 0	D 2	Y 2008	Amount 10.00	
Full Name of Contributor Rebecca Luce									
Street Address 175 Mayfair Blvd.						Registration Number, if PAC			
City Columbus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43213		M 0	D 2	Y 2008	Amount 50.00	
Full Name of Contributor Glossie Martin									
Street Address 2341 Minnesota						Registration Number, if PAC			
City Columbus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43211		M 0	D 2	Y 2008	Amount 25.00	
Full Name of Contributor Dorothy Yeager									
Street Address 3374 Colum Dr.						Registration Number, if PAC			
City Columbus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 2	Y 2008	Amount 150.00	

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# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <b>Citizens Committee for Persons with M.R.</b>							
Full Name of Contributor <b>Dan Darling</b>					Registration Number, if PAC		
Street Address <b>2591 Wickliffe Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>12</b>	D <b>28</b>	Y <b>08</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Creation Foundation</b>					Registration Number, if PAC		
Street Address <b>www. Creation Foundation, Org</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus (?)</b>		State <b>OH</b>	Zip Code	M <b>03</b>	D <b>11</b>	Y <b>08</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Bunge Services</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 07845</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>	M <b>03</b>	D <b>11</b>	Y <b>08</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Susan Stonoy</b>					Registration Number, if PAC		
Street Address <b>1373 Will Grove Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43223</b>	M <b>03</b>	D <b>11</b>	Y <b>08</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Nationwide Insurance</b>					Registration Number, if PAC		
Street Address <b>1 Nationwide Plaza</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>03</b>	D <b>11</b>	Y <b>08</b>	Amount <b>1500.00</b>
Full Name of Contributor <b>Cordell Columbus</b>					Registration Number, if PAC		
Street Address <b>1331 Edgely Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	M <b>03</b>	D <b>11</b>	Y <b>08</b>	Amount <b>10.00</b>
Full Name of Contributor <b>C.C.D.E.</b>					Registration Number, if PAC		
Street Address <b>2655 Oakstone Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43231</b>	M <b>03</b>	D <b>11</b>	Y <b>08</b>	Amount <b>100.00</b>

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# Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with MR									
To Whom Paid						M	D	Y	Amount
Midwest Communications & Media						0	2	2008	104,300
Address				Purpose					
49 S. Grant Ave.				Television Advertisements					
City		State	Zip Code	Category Code*					
Coh,		OH	43215	MED					
To Whom Paid						M	D	Y	Amount
Columbus Post						0	2	2108	806.10
Address				Purpose					
172 E. Stark St.				Newspaper Advertising					
City		State	Zip Code	Category Code*					
Coh,		OH	43215	MED					
To Whom Paid						M	D	Y	Amount
ARC Industries						0	2	2608	1520.
Address				Purpose					
Marilyn Lane				Yard Sign Assembly					
City		State	Zip Code	Category Code*					
Columbus		OH	43219	OFF					
To Whom Paid						M	D	Y	Amount
Dispatch Consumer Services						0	2	2808	2615.30
Address				Purpose					
Dept. L-2335				Literature Distribution					
City		State	Zip Code	Category Code*					
Columbus		OH	43260	LIT					
To Whom Paid						M	D	Y	Amount
Lucas Law Firm						0	3	0308	6.41
Address				Purpose					
600 S. High St.				Courier Service					
City		State	Zip Code	Category Code*					
Coh,		OH	43215	OFF					
To Whom Paid						M	D	Y	Amount
Plank's Cafe						0	3	0408	732.22
Address				Purpose					
743 Parsons Ave.				Election Night Gathering					
City		State	Zip Code	Category Code*					
Columbus		OH	43215	OTH					
To Whom Paid						M	D	Y	Amount
C Pmm Services						0	3	1308	3248.50
Address				Purpose					
3785 Indiana Ave.				Mailing Services					
City		State	Zip Code	Category Code*					
Coh,		OH	43215	LIT					

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

# 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 M.R.									
To Whom Paid						M	D	Y	Amount
Dispatch Consumer Services						03	11	08	3625.30
Address				Purpose					
Dept. L-2335				Literature Distribution					
City		State	Zip Code	Category Code *					
Columbus		OH	43260	LIT					
To Whom Paid						M	D	Y	Amount
Mills James						04	04	08	3323.64
Address				Purpose					
P.C. Box 714086				Production of T.V. Ads					
City		State	Zip Code	Category Code *					
Cincinnati		OH	45271-0086	MED					
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.  
Transfer total expenditures for this event to Form No. 31-E