

FILED

# Ohio Campaign Finance Report

08 FEB 20 AM 10:20

Prescribed by Secretary of State 8/95

FRANKLIN COUNTY  
BOARD OF ELECTIONS

|   |   |   |  |                                       |                             |                          |           |
|---|---|---|--|---------------------------------------|-----------------------------|--------------------------|-----------|
| Full Name of Committee<br><b>Citizens Committee for Persons with M.R.</b> |   |   |  |                                       | Registration Number, if PAC |                          |           |
| Street Address<br><b>600 S. High Street</b>                               |   |   |  |                                       | District                    |                          |           |
| City<br><b>Columbus,</b>  |   |   |  |                                       | State<br><b>OH</b>          | Zip Code<br><b>43215</b> |           |
| Type of Report<br>(place X to the left of report type)                    | <input checked="" type="checkbox"/> Pre-Primary | <input type="checkbox"/> Post-Primary   | <input type="checkbox"/> Pre-General       | <input type="checkbox"/> Post-General | Annual Year                 |                          |           |
|   | <input type="checkbox"/> July Monthly           | <input type="checkbox"/> August Monthly | <input type="checkbox"/> September Monthly | <input type="checkbox"/> Termination  |                             |                          |           |
| Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |  |                                       | Date of Election            |                          |           |
|   |   |   |  |                                       | M                           | D                        | Y         |
|   |   |   |  |                                       | <b>0</b>                    | <b>3</b>                 | <b>08</b> |

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                     | \$ | <b>181,116</b> | <b>61</b> |
| 2. Total monetary contributions (From Form No. 31-A)           | \$ | <b>4,796</b>   | <b>27</b> |
| 3. Total other income (From Form No. 31-A-2)                   | \$ | <b>309</b>     | <b>58</b> |
| 4. Total funds available (sum of lines 1, 2, 3)                | \$ | <b>186,222</b> | <b>46</b> |
| 5. Total monetary expenditures (From Form No. 31-B)            | \$ | <b>122,310</b> | <b>73</b> |
| 6. Balance on hand (line 4 minus line 5)                       | \$ | <b>63,911</b>  | <b>73</b> |
| 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 Albright, Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]  
Signature

2/20/08  
Date

Contribution pages **3**

Expenditure pages **3**

Other pages **28**

Total pages **34**

# 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<br>Jed Morison      |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>2572 Brentwood Rd.         |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Coh,                                 |  | State<br>OH | Zip Code<br>43209 |   | M<br>0 | D<br>1 | Y<br>24                           | 08 | 200.00 |
| Full Name of Contributor<br>Barbara Shea     |  |             |                   |   |        |        | Registration Number, if PAC       |    |        |
| Street Address<br>3166 Somerford Rd.         |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>3166 Somerford Rd.         |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Coh,                                 |  | State<br>OH | Zip Code<br>43221 |   | M<br>0 | D<br>1 | Y<br>24                           | 08 | 40.00  |
| Full Name of Contributor<br>Gene Arnold      |  |             |                   |   |        |        | Registration Number, if PAC       |    |        |
| Street Address<br>479 S. Galena Rd.          |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>479 S. Galena Rd.          |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Suburbury                            |  | State<br>OH | Zip Code<br>43074 |   | M<br>0 | D<br>1 | Y<br>11                           | 08 | 40.00  |
| Full Name of Contributor<br>Betsey Bensons   |  |             |                   |   |        |        | Registration Number, if PAC       |    |        |
| Street Address<br>864 Northbridge Lane       |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>864 Northbridge Lane       |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Columbus                             |  | State<br>OH | Zip Code<br>43235 |   | M<br>0 | D<br>1 | Y<br>26                           | 08 | 52.00  |
| Full Name of Contributor<br>Childhood League |  |             |                   |   |        |        | Registration Number, if PAC       |    |        |
| Street Address<br>E. Livingston Ave.         |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>E. Livingston Ave.         |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Columbus                             |  | State<br>OH | Zip Code<br>43205 |   | M<br>0 | D<br>1 | Y<br>23                           | 08 | 50.00  |
| Full Name of Contributor<br>Tom Fish         |  |             |                   |   |        |        | Registration Number, if PAC       |    |        |
| Street Address<br>3467 Waltham Ct.           |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>3467 Waltham Ct.           |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Powell                               |  | State<br>OH | Zip Code<br>43065 |   | M<br>0 | D<br>1 | Y<br>09                           | 08 | 50.00  |
| Full Name of Contributor<br>Peggy Martin     |  |             |                   |   |        |        | Registration Number, if PAC       |    |        |
| Street Address<br>6189 Mc Naughton Graveln.  |  |             |                   |   |        |        | Form (Cash, Check, etc.)<br>Check |    |        |
| Street Address<br>6189 Mc Naughton Graveln.  |  |             |                   | Employer/Occupation/Labor Organization* |        |        | Amount                            |    |        |
| City<br>Coh,                                 |  | State<br>OH | Zip Code<br>43213 |   | M<br>1 | D<br>2 | Y<br>20                           | 07 | 100.00 |

\*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                 |  |       |   |   |   | Registration Number, if PAC |        |
| Donald Wine                              |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 332 Cadbury Dr.                          |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Cahanna                                  |  | OH    | 43230                                   | 0 | 1 | 408                         | 100.00 |
| Full Name of Contributor                 |  |       |   |   |   | Registration Number, if PAC |        |
| Larry Macintosh                          |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 4341 Shelbourne Ln.                      |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Columbus                                 |  | OH    | 43220                                   | 0 | 1 | 3108                        | 100.00 |
| Full Name of Contributor                 |  |       |   |   |   | Registration Number, if PAC |        |
| Heidi Larimer                            |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 2030 Aladdin Woods Ct.                   |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Cos.                                     |  | OH    | 43212                                   | 0 | 1 | 2608                        | 100.00 |
| Full Name of Contributor                 |  |       |   |   |   | Registration Number, if PAC |        |
| Gavin and Alice Larimer                  |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 2030 Aladdin Woods Ct.                   |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Cos.                                     |  | OH    | 43212                                   | 0 | 1 | 2608                        | 200.00 |
| Full Name of Contributor                 |  |       |   |   |   | Registration Number, if PAC |        |
| Alan and Jo Anne Moore                   |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 8072 Saddle Run Rd.                      |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Powell                                   |  | OH    | 43065                                   | 0 | 1 | 1608                        | 250.00 |
| Full Name of Contributor                 |  |       |   |   |   | Registration Number, if PAC |        |
| Pat and Fred Cloppert                    |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 1940 Ridgview Rd.                        |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Upper Arlington                          |  | OH    | 43221                                   | 0 | 1 | 1508                        | 250.00 |
| Full Name of Contributor                 |  |       |   |   |   | Registration Number, if PAC |        |
| Columbus Speech & Hearing                |  |       |   |   |   |                             |        |
| Street Address                           |  |       | Employer/Occupation/Labor Organization* |   |   | Form (Cash, Check, etc.)    |        |
| 510 E. N. Broadway                       |  |       |   |   |   | Check                       |        |
| City                                     |  | State | Zip Code                                | M | D | Y                           | Amount |
| Cos.                                     |  | OH    | 43214                                   | 0 | 1 | 2508                        | 500.00 |

\*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<br><i>Citizens Committee for Persons with M.R.</i> |  |                    |          |   |                |                |                             |                            |  |
| Full Name of Contributor<br><i>Net Contributions from Form 31-E</i>          |  |                    |          |   |                |                | Registration Number, if PAC |                            |  |
| Street Address   |  |                    |          | Employer/Occupation/Labor Organization* |                |                | Form (Cash, Check, etc.)    |                            |  |
| City<br><i>Columbus</i>  |  | State<br><i>OH</i> | Zip Code |   | M<br><i>02</i> | D<br><i>14</i> | Y<br><i>08</i>              | Amount<br><i>\$2766.27</i> |  |
| 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)

Page Total \$ 2766.27

# Statement of Other Income

Prescribed by Secretary of State 8/95

| Name of Committee in Full                |       |          |                          |                             |        |
|--|-------|----------|--------------------------|-----------------------------|--------|
| Citizens Committee for Persons with M.R. |       |          |                          |                             |        |
| Full Name                                |       |          |                          | Registration number, if PAC |        |
| Chase Bank & Amtrust Bank                |       |          |                          |                             |        |
| Address                                  | Type* |          | M                        | D                           | Y      |
|  | I     | N        |                          |                             |        |
|  |       |          |                          |                             | Amount |
|  |       |          |                          |                             | 309.58 |
| City                                     | State | Zip Code | Form (Cash, Check, etc.) |                             |        |
| Columbus                                 | OH    | 43215    | Interest                 |                             |        |
| Full Name                                |       |          |                          |                             |        |
| Registration number, if PAC              |       |          |                          |                             |        |
|  |       |          |                          |                             |        |
| Address                                  |       |          |                          | Type*                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | State                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | Zip Code                    |        |
|  |       |          |                          |                             |        |
| Form (Cash, Check, etc.)                 |       |          |                          | Amount                      |        |
|  |       |          |                          |                             |        |
| Full Name                                |       |          |                          |                             |        |
| Registration number, if PAC              |       |          |                          |                             |        |
|  |       |          |                          |                             |        |
| Address                                  |       |          |                          | Type*                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | State                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | Zip Code                    |        |
|  |       |          |                          |                             |        |
| Form (Cash, Check, etc.)                 |       |          |                          | Amount                      |        |
|  |       |          |                          |                             |        |
| Full Name                                |       |          |                          |                             |        |
| Registration number, if PAC              |       |          |                          |                             |        |
|  |       |          |                          |                             |        |
| Address                                  |       |          |                          | Type*                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | State                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | Zip Code                    |        |
|  |       |          |                          |                             |        |
| Form (Cash, Check, etc.)                 |       |          |                          | Amount                      |        |
|  |       |          |                          |                             |        |
| Full Name                                |       |          |                          |                             |        |
| Registration number, if PAC              |       |          |                          |                             |        |
|  |       |          |                          |                             |        |
| Address                                  |       |          |                          | Type*                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | State                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | Zip Code                    |        |
|  |       |          |                          |                             |        |
| Form (Cash, Check, etc.)                 |       |          |                          | Amount                      |        |
|  |       |          |                          |                             |        |
| Full Name                                |       |          |                          |                             |        |
| Registration number, if PAC              |       |          |                          |                             |        |
|  |       |          |                          |                             |        |
| Address                                  |       |          |                          | Type*                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | State                       |        |
|  |       |          |                          |                             |        |
| City                                     |       |          |                          | Zip Code                    |        |
|  |       |          |                          |                             |        |
| Form (Cash, Check, etc.)                 |       |          |                          | Amount                      |        |
|  |       |          |                          |                             |        |

\* 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 M.R. |  |                             |          |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| U.S. Postal Service                      |  |                             | 0        | 1 | 29             | 08 6500.00   |
| Address                                  |  | Purpose                     |          |   |                |              |
|  |  | Postage                     |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Columbus                                 |  | OH                          |          |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| Overbites Pictures                       |  |                             | 0        | 1 | 30             | 08 900.00    |
| Address                                  |  | Purpose                     |          |   |                |              |
| 729 College Ave.                         |  | Web site                    |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Columbus                                 |  | OH                          | 43209    |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| CS Graphics                              |  |                             | 0        | 2 | 01             | 08 1900.00   |
| Address                                  |  | Purpose                     |          |   |                |              |
| 6530 Singletree Dr.                      |  | Literature Prep. / Printing |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Columbus                                 |  | OH                          | 43229    |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| CS Graphics                              |  |                             | 0        | 2 | 01             | 08 480.00    |
| Address                                  |  | Purpose                     |          |   |                |              |
| 6530 Singletree Drive                    |  | Literature Prep. / Printing |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Columbus                                 |  | OH                          | 43229    |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| Midwest Communications                   |  |                             | 0        | 2 | 06             | 08 24,900.00 |
| Address                                  |  | Purpose                     |          |   |                |              |
| 49 S. Grant Ave.                         |  | Television Advertising      |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Columbus,                                |  | OH                          | 43215    |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| CS Graphics                              |  |                             | 0        | 2 | 13             | 08 2080.00   |
| Address                                  |  | Purpose                     |          |   |                |              |
| 6530 Singletree                          |  | Literature Prep. / Printing |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Cols.                                    |  | OH                          | 43229    |   |                |              |
| To Whom Paid                             |  |                             | M        | D | Y              | Amount       |
| Midwest Communications                   |  |                             | 0        | 2 | 14             | 08 25,000.00 |
| Address                                  |  | Purpose                     |          |   |                |              |
| 49 S. Grant Ave.                         |  | Television Advertising      |          |   |                |              |
| City                                     |  | State                       | Zip Code |   | Category Code* |              |
| Columbus                                 |  | OH                          | 43215    |   |                |              |

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

# Statement of Expenditures

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 |           |
| Travis Irvine                            |  |       |  |                                   |  |                | 0 | 1 | 07 | 08     | 200.00    |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
| 729 College Ave.                         |  |       |  | Web Site Design                   |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Bexley                                   |  | OH    |  | 43209                             |  |                |   |   |    |        |           |
| To Whom Paid                             |  |       |  |                                   |  |                | M | D | Y  | Amount |           |
| Columbus Sign Company                    |  |       |  |                                   |  |                | 0 | 1 | 08 | 08     | 9992.73   |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
| 1515 E. Fifth Ave.                       |  |       |  | Yard Signs & Bumper Stickers      |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Columbus                                 |  | OH    |  | 43219                             |  |                |   |   |    |        |           |
| To Whom Paid                             |  |       |  |                                   |  |                | M | D | Y  | Amount |           |
| FCBMRDD                                  |  |       |  |                                   |  |                | 0 | 1 | 16 | 08     | 182.50    |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
| 2879 Johnstown Road                      |  |       |  | Printing/Lamination               |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Columbus                                 |  | OH    |  | 43219                             |  |                |   |   |    |        |           |
| To Whom Paid                             |  |       |  |                                   |  |                | M | D | Y  | Amount |           |
| Dave Yeager                              |  |       |  |                                   |  |                | 0 | 1 | 23 | 08     | 100.00    |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
| Column Drive                             |  |       |  | Video Transfer/Edit for Web Site  |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Hilliard                                 |  | OH    |  |                                   |  |                |   |   |    |        |           |
| To Whom Paid                             |  |       |  |                                   |  |                | M | D | Y  | Amount |           |
| CS Graphics                              |  |       |  |                                   |  |                | 0 | 1 | 23 | 08     | 19,203.50 |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
| 6530 Singletree Dr.                      |  |       |  | Literature Preparation & Printing |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Columbus                                 |  | OH    |  | 43229                             |  |                |   |   |    |        |           |
| To Whom Paid                             |  |       |  |                                   |  |                | M | D | Y  | Amount |           |
| United States Treasury                   |  |       |  |                                   |  |                | 0 | 1 | 24 | 08     | 2334.00   |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
|  |  |       |  | Tax on interest earned            |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Cincinnati                               |  | OH    |  |                                   |  |                |   |   |    |        |           |
| To Whom Paid                             |  |       |  |                                   |  |                | M | D | Y  | Amount |           |
| CJI Research                             |  |       |  |                                   |  |                | 0 | 1 | 24 | 08     | 10,150.00 |
| Address                                  |  |       |  | Purpose                           |  |                |   |   |    |        |           |
| 180 S. Ardmore                           |  |       |  | Research/Polling/Analysis         |  |                |   |   |    |        |           |
| City                                     |  | State |  | Zip Code                          |  | Category Code* |   |   |    |        |           |
| Columbus                                 |  | OH    |  | 43209                             |  |                |   |   |    |        |           |

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

# Statement of Expenditures

Prescribed by Secretary of State 8/95

|  |                    |   |                |                |                |                            |
|--|--------------------|---|----------------|----------------|----------------|----------------------------|
| Name of Committee in Full<br><b>Citizens Committee for Persons with M.R.</b> |                    |   |                |                |                |                            |
| To Whom Paid<br><b>Ohio Secretary of State</b>                               |                    |   | M<br><b>02</b> | D<br><b>14</b> | Y<br><b>08</b> | Amount<br><b>25.00</b>     |
| Address  |                    | Purpose<br><b>Renewal of Trade Name</b> |                |                |                |                            |
| City<br><b>Columbus</b>  | State<br><b>OH</b> | Zip Code                                | Category Code* |                |                |                            |
| To Whom Paid<br><b>C.P.M. Services Group, Inc.</b>                           |                    |   | M<br><b>02</b> | D<br><b>06</b> | Y<br><b>08</b> | Amount<br><b>18,360.00</b> |
| Address<br><b>3785 Indianola Ave.</b>  |                    | Purpose<br><b>Mail Services</b>         |                |                |                |                            |
| City<br><b>Columbus</b>  | State<br><b>OH</b> | Zip Code<br><b>43214</b>                | 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* |                |                |                            |
| 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.

**\$18,385.**  
Page Total \$

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

Prescribed by Secretary of State 8/95

|  |  |   |                          |  |                          |
|--|--|---|--------------------------|--|--------------------------|
| Name of Committee in Full<br><b>Citizens Committee for Persons with M.R.</b> |  |   |                          |  |                          |
| Full Name of Contributor<br><b>Hague L.S.C. Fund Raisers</b>                 |  |   |                          | Registration number, if PAC                    |                          |
| Street Address<br><b>Hague Ave.</b>  |  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>02   06   08</b>               | Amount<br><b>372.22</b>  |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b>                      | Zip Code                 | Form (Cash, Check, etc.)<br><b>Cash/Checks</b> |                          |
| Full Name of Contributor<br><b>ARC East Fund Raisers @ Open House</b>        |  |   |                          | Registration number, if PAC                    |                          |
| Street Address<br><b>Taylor Station Road</b>                                 |  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>02   06   08</b>               | Amount<br><b>887.97</b>  |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b>                      | Zip Code<br><b>43230</b> | Form (Cash, Check, etc.)<br><b>Cash/Checks</b> |                          |
| Full Name of Contributor<br><b>ARC Central Fund Raisers</b>                  |  |   |                          | Registration number, if PAC                    |                          |
| Street Address<br><b>Marilyn Lane</b>  |  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>02   06   08</b>               | Amount<br><b>604.28</b>  |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Cash/Checks</b> |                          |
| Full Name of Contributor<br><b>Service Coordination Fund Raisers</b>         |  |   |                          | Registration number, if PAC                    |                          |
| Street Address<br><b>350 E. Broad Street</b>                                 |  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>02   06   08</b>               | Amount<br><b>701.80</b>  |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b>       |                          |
| Full Name of Contributor<br><b>Yoga Fund Raiser</b>                          |  |   |                          | Registration number, if PAC                    |                          |
| Street Address<br><b>See attached checks</b>                                 |  | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>02   06   08</b>               | Amount<br><b>1640.00</b> |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b>                      | Zip Code                 | Form (Cash, Check, etc.)<br><b>Cash/Checks</b> |                          |
| 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 this event | Total expenditures this event | minus |  | = | Net Amount |
| 4206 27                        | 1440 -                        |       |  |   | 2766 27    |

Page Total \$ **4206.27**

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

| Name of Committee in Full |  |                                |          |                 |    |    |         |
|---------------------------|--|--------------------------------|----------|-----------------|----|----|---------|
| To Whom Paid              |  |                                |          | M               | D  | Y  | Amount  |
| Jackie De Luca            |  |                                |          | 01              | 30 | 08 | 1440.00 |
| Address                   |  | Purpose                        |          |                 |    |    |         |
| Ardmore Rd.               |  | Yoga Fund Raiser / Instruction |          |                 |    |    |         |
| City                      |  | State                          | Zip Code | Category Code * |    |    |         |
| Columbus                  |  | OH                             | 43209    |                 |    |    |         |
| 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 * |    |    |         |
|                           |  |                                |          |                 |    |    |         |
| 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