

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

Page Total \$ 6948.94