

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 305

Name of Committee or Full					
Citizens Committee for Persons with DD					
Full Name of Contributor Margaret A Tippet			Registration Number, if PAC		
Street Address 150 Piedmont Road	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Columbus	State O H	Zip Code 43214	Amount 40.00		
			Form (Cash, Check, etc) check		
Full Name of Contributor Margaret A Tippet					
Street Address 150 Piedmont Road			Employer/Occupation/Labor Organization* N/A		
City Columbus	State O H	Zip Code 43214	M 0	D 9	Y 30
			Amount 40.00		
			Form (Cash, Check, etc) check		
Full Name of Contributor Sherry Steinman					
Street Address 132 Overdrive Rd			Employer/Occupation/Labor Organization* N/A		
City Newark	State O H	Zip Code 43056-9279	M 0	D 9	Y 30
			Amount 40.00		
			Form (Cash, Check, etc) check		
Full Name of Contributor Creative Housing, Inc					
Street Address 2233 City Gate Drive			Employer/Occupation/Labor Organization* N/A		
City Columbus	State O H	Zip Code 43219	M 0	D 9	Y 30
			Amount 10,000.00		
			Form (Cash, Check, etc) check		
Full Name of Contributor Angela E Ray					
Street Address 1124 Lori Lane			Employer/Occupation/Labor Organization* N/A		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 30
			Amount 40.00		
			Form (Cash, Check, etc) check		
Full Name of Contributor Clinton Casebeer					
Street Address 540 Industrial Mile Rd			Employer/Occupation/Labor Organization* N/A		
City Columbus	State O H	Zip Code 43228	M 0	D 9	Y 30
			Amount 40.00		
			Form (Cash, Check, etc) check		
Full Name of Contributor Rachael Chi Ling Alderman					
Street Address 292 Marjoram Dr			Employer/Occupation/Labor Organization* N/A		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 30
			Amount 40.00		
			Form (Cash, Check, etc) check		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [RC 3517 10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "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

Page Total \$ 10,240.00