

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 - Long Fundraisers</i>			Registration number, if PAC		
Street Address <i>Douglas Ave.</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>25</i>	Y <i>07</i>
City <i>Cls.</i>	State <i>OH</i>	Zip Code <i>43229</i>	Form (Cash, Check, etc.) <i>Checks</i>		Amount <i>489.00</i>
Full Name of Contributor <i>Hague Long Fund Raiser</i>			Registration number, if PAC		
Street Address <i>610 4200 Birch Rd</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>25</i>	Y <i>07</i>
City <i>Cincinnati</i>	State <i>OH</i>	Zip Code <i>43125</i>	Form (Cash, Check, etc.) <i>Check</i>		Amount <i>25.00</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 <i>10</i>	D <i>25</i>	Y <i>07</i>
City <i>Cls.</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>		Amount <i>105.00</i>
Full Name of Contributor <i>ARC Central Fund Raisers (Buckeye Jewelry, Candles, Tailgating)</i>			Registration number, if PAC		
Street Address <i>Marilyn Ave.</i>	Employer/Occupation/Labor Organization*		M <i>10</i>	D <i>25</i>	Y <i>07</i>
City <i>Cls.</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>		Amount <i>1592.00</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 <i>10</i>	D <i>25</i>	Y <i>07</i>
City <i>Cls.</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Checks</i>		Amount <i>805.00</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 <i>10</i>	D <i>19</i>	Y <i>07</i>
City <i>Cls.</i>	State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Cash/Checks</i>		Amount <i>524.00</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	Total expenditures this event	Net Amount
<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px;"></div>
minus	=	

Page Total \$ 3538