

## Statement of Contributions Received at a Social or Fundraising Event

*Prescribed by Secretary of State 3/05*

|                                                                            |                       |                                         |  |                                         |                           |
|----------------------------------------------------------------------------|-----------------------|-----------------------------------------|--|-----------------------------------------|---------------------------|
| Name of Committee in Full<br><b>Citizens Committee for Persons with DD</b> |                       |                                         |  |                                         |                           |
| Full Name of Contributor<br><b>Gwynn C. Kinsel</b>                         |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>P.O. Box 162</b>                                      |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>80.00</b>    |
| City<br><b>Worthington</b>                                                 | State<br><b>O   H</b> | Zip Code<br><b>43085</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |
| Full Name of Contributor<br><b>The Ohio State University</b>               |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>Stores Bldg Rm 120, 2650 Kenny Rd</b>                 |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>5,000.00</b> |
| City<br><b>Columbus</b>                                                    | State<br><b>O   H</b> | Zip Code<br><b>43210</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |
| Full Name of Contributor<br><b>Rebecca A Love</b>                          |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>175 Mayfield Blvd</b>                                 |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>40.00</b>    |
| City<br><b>Columbus</b>                                                    | State<br><b>O   H</b> | Zip Code<br><b>43213</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |
| Full Name of Contributor<br><b>Hyacinth L. Macintosh</b>                   |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>4341 Shelborne Ln</b>                                 |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>80.00</b>    |
| City<br><b>Columbus</b>                                                    | State<br><b>O   H</b> | Zip Code<br><b>43220</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |
| Full Name of Contributor<br><b>Jeffery B Marinko-Shrivers</b>              |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>7852 Holderman St</b>                                 |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>160.00</b>   |
| City<br><b>Lewis Center</b>                                                | State<br><b>O   H</b> | Zip Code<br><b>43035</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |
| Full Name of Contributor<br><b>Christopher F Martin</b>                    |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>6432 Hermitage Dr</b>                                 |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>40.00</b>    |
| City<br><b>Westerville</b>                                                 | State<br><b>O   H</b> | Zip Code<br><b>43082</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |
| Full Name of Contributor<br><b>Cynthia B. Moore</b>                        |                       |                                         |  | Registration Number, if PAC             |                           |
| Street Address<br><b>8186 Newark Ave</b>                                   |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>1   0   1   1   9</b>   | Amount<br><b>200.00</b>   |
| City<br><b>Westerville</b>                                                 | State<br><b>O   H</b> | Zip Code<br><b>43081</b>                |  | Form (Cash, Check, etc)<br><b>check</b> |                           |

\* 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. [R.C. 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 \$ **5,600.00**