

## 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>Service Coordinators Fund Raisers</i>				Registration number, if PAC	
Street Address <i>E. Broad Street</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>07   03   07</i>	Amount <i>546.04</i>
City <i>Cols,</i>		State <i>OH</i>	Zip Code <i>43218</i>	Form (Cash, Check, etc.) <i>Cash</i>	
Full Name of Contributor <i>Community Star Awards (Goodwill &amp; A.D.D.)</i>				Registration number, if PAC	
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>07   03   07</i>	Amount <i>10,000.00</i>
City <i>Cols,</i>		State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Checks</i>	
Full Name of Contributor <i>ECE - 'Mary Kay' Fund Raiser</i>				Registration number, if PAC	
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>07   23   07</i>	Amount <i>65.00</i>
City <i>Cols,</i>		State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Bixby Fund Raisers</i>				Registration number, if PAC	
Street Address <i>4200 Bixby Road</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>07   23   07</i>	Amount <i>\$200.00</i>
City <i>Cineport</i>		State <i>OH</i>	Zip Code <i>43125</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Community Star Awards (Nisonger &amp; FERS)</i>				Registration number, if PAC	
Street Address <i>Johnston Road</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>07   23   07</i>	Amount <i>10,000.00</i>
City <i>Cols,</i>		State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Checks</i>	
Full Name of Contributor <i>Community Star Awards Registrations</i>				Registration number, if PAC	
Street Address <i>See attached</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>09   26   07</i>	Amount <i>7245.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	Form (Cash, Check, etc.) <i>Checks</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	minus	Total expenditures this event	=	Net Amount
<div style="border: 1px solid black; width: 80px; height: 30px;"></div>		<div style="border: 1px solid black; width: 80px; height: 30px;"></div>		<div style="border: 1px solid black; width: 80px; height: 30px;"></div>

Page Total \$ **28,056.04**