

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee for Persons with DD					
Full Name of Contributor Patricia E McCune				Registration Number, if PAC	
Street Address 6085 Sowerby Ln	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Westerville	State O	Zip Code 43081	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Hyacinth L Macintosh				Registration Number, if PAC	
Street Address 4341 Shelborne Ln	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43220	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Dorothy V Yeager				Registration Number, if PAC	
Street Address 3374 Column Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43221	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Barbara E Michael Jones				Registration Number, if PAC	
Street Address 1005 Chelsea Ave	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Bexley	State O	Zip Code 43209	Form (Cash, Check, etc) check		Amount 50.00
Full Name of Contributor Travis M Sherick				Registration Number, if PAC	
Street Address 17275 Allen Center Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Marysville	State O	Zip Code 43040	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Madeline E Trouten				Registration Number, if PAC	
Street Address 4474 Harrods St	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Groveport	State O	Zip Code 43125	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor George R Siegler				Registration Number, if PAC	
Street Address 850 East Chester	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Gahanna	State O	Zip Code 43230	Form (Cash, Check, etc) check		Amount 80.00

* 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 enter "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 \$ **490.00**