31-E
R C 3517 10(B)

Event Date 10/04/11
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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 D.D.

Full Name of Contributor	Street Address	City	Employer/Occupation/Labor Organization*	State	Zip Code	Registration Number, if PAC	M	D	Y	Form (Cash, Check, etc)	Amount
Lula M. Price	1547 Burley Drive	Columbus	N/A	OH	43207		10	04	11	check	320.00
Barbra E. Michael Jones	1005 Chelsea Avenue	Bexley	N/A	OH	43209		10	04	11	check	320.00
			N/A	OH						check	
			N/A	OH						check	
			N/A	OH						check	
			N/A	OH						check	
			N/A	OH						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. [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: 54,120.00

Total expenditures this event: 10,483.88

Page Total $ 640.00