

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 Dan Darling				Registration Number, if PAC	
Street Address 1474 Bridgeton Dr	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3 1 4
City Upper Arlington	State O H	Zip Code 43220	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Franklin County Residential Services, Inc				Registration Number, if PAC	
Street Address 1021 Checkrein Avenue	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3 1 4
City Columbus	State O H	Zip Code 43229-1106	Form (Cash, Check, etc) check		Amount 10,000.00
Full Name of Contributor Hyacinth L Macintosh				Registration Number, if PAC	
Street Address 4341 Shelbourne Ln	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3 1 4
City Columbus	State O H	Zip Code 43220	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 0	D 9	Y 3 1 4
City Groveport	State O H	Zip Code 43125-9040	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Travis M Sherick				Registration Number, if PAC	
Street Address 17275 Allen Center Rd	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3 1 4
City Marysville	State O H	Zip Code 43040	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Patricia H Cloppert				Registration Number, if PAC	
Street Address 1940 Ridgeview Rd	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3 1 4
City Upper Arlington	State O H	Zip Code 43221	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Jed W Morison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3 1 4
City Columbus	State O H	Zip Code 43209	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. (RC 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 \$ **10,440.00**