

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			Registration Number, if PAC			
Anthony L. Hartley						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2486 Pleasant Colony Drive	N/A		1	0	5	320.00
City	State	Zip Code	Form (Cash, Check, etc)			
Lewis Center	O H	43035	check			
Full Name of Contributor			Registration Number, if PAC			
Donna L. Foster Sillanpaa						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
771 Pine Post Ln.	N/A		1	0	5	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Westerville	O H	43081	check			
Full Name of Contributor			Registration Number, if PAC			
Lilian R. Beck						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
93 Leland Ave	N/A		1	0	5	80.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O H	43214	check			
Full Name of Contributor			Registration Number, if PAC			
Deborah F Everett						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5421 Jack Russell Way	N/A		1	0	5	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O H	43232	check			
Full Name of Contributor			Registration Number, if PAC			
Blaugrund Kessler Myers & Postalakis Inc.						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
300 West Wilson Bridge Rd Ste 100	N/A		1	0	5	2,000.00
City	State	Zip Code	Form (Cash, Check, etc)			
Worthington	O H	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Diana McClain						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
265 Willowdown Ct	N/A		1	0	5	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O H	43235	check			
Full Name of Contributor			Registration Number, if PAC			
Linda K. Brownley						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5703 Concord Hill Drive	N/A		1	0	5	160.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	O H	43213	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

Total expenditures this event

Page Total \$ 2,680.00