

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 Special Olympics Ohio				Registration Number, if PAC	
Street Address 3303 Winchester Pike		Employer/Occupation/Labor Organization* N/A		M 0	D 7
City Columbus		State O	Zip Code H 43232	Y 1	Amount 1,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Creative Housing, Inc.					
Street Address 2233 City Gate Drive		Employer/Occupation/Labor Organization* N/A		M 0	D 7
City Columbus		State O	Zip Code H 43219	Y 1	Amount 10,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Blaugrad, Herbert & Martin, Inc.					
Street Address 300 West Wilson Bridge Road		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Worthington		State O	Zip Code H 43085	Y 1	Amount 2,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor The Ohio State University - Blankenship Hall					
Street Address 901 Woody Hayes Drive		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Columbus		State O	Zip Code H 43210	Y 1	Amount 5,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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 \$ 18,000.00