

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	
Street Address Catherine M Gordon		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 40.00
City 350 McGutcheon Rd	State O H	Zip Code 43230		Form (Cash, Check, etc) check	
Full Name of Contributor Kathleen J Bernon				Registration Number, if PAC	
Street Address 131 E Livingstone		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 40.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) check	
Full Name of Contributor Dorothy V Yeager				Registration Number, if PAC	
Street Address 3374 Column Drive		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 80.00
City Columbus	State O H	Zip Code 43221		Form (Cash, Check, etc) check	
Full Name of Contributor Creative Housing, Inc				Registration Number, if PAC	
Street Address 2233 City Gate Drive		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 10,000.00
City Columbus	State O H	Zip Code 43219		Form (Cash, Check, etc) check	
Full Name of Contributor Travis M Sherick				Registration Number, if PAC	
Street Address 17275 Allen Center Rd		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 80.00
City Marysville	State O H	Zip Code 43040		Form (Cash, Check, etc) check	
Full Name of Contributor Anthony L Hartley				Registration Number, if PAC	
Street Address 970 Boyne Ct		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 320.00
City Revnoldsburg	State O H	Zip Code 43068		Form (Cash, Check, etc) check	
Full Name of Contributor Willglo Services, Inc.				Registration Number, if PAC	
Street Address 995 Thurman Ave		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 6 1 3	Amount 320.00
City Columbus	State O H	Zip Code 43206		Form (Cash, Check, etc) 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 \$ 10,880.00