

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full <u>Citizens Committee for Persons with Mental Retardation</u>							
Full Name of Contributor <u>Hague LSC Fund Raisers</u>				Registration number, if PAC			
Street Address <u>c/o 4200 Bixby</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Groveport</u>		State <u>OH</u>	Zip Code <u>43125</u>	<u>0</u>	<u>9</u>	<u>26</u>	<u>07</u>
				Form (Cash, Check, etc.) <u>Check</u>		<u>167.00</u>	
Full Name of Contributor <u>Yoga Fund Raisers / Fall</u>				Registration number, if PAC			
Street Address <u>Johnstown Road</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>0</u>	<u>9</u>	<u>26</u>	<u>07</u>
				Form (Cash, Check, etc.) <u>Cash/Checks</u>		<u>840.00</u>	
Full Name of Contributor <u>ARC Industries Fund Raisers (Greeting Cards, Afghan, Veggie Sales)</u>				Registration number, if PAC			
Street Address <u>Marilyn Lane</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>0</u>	<u>9</u>	<u>26</u>	<u>07</u>
				Form (Cash, Check, etc.) <u>Cash/Checks</u>		<u>840.00</u>	
Full Name of Contributor <u>Fall Yoga Fund Raiser</u>				Registration number, if PAC			
Street Address <u>Johnstown Road</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>1</u>	<u>0</u>	<u>25</u>	<u>07</u>
				Form (Cash, Check, etc.) <u>Cash/Checks</u>		<u>760.00</u>	
Full Name of Contributor <u>Community Star Awards / Parker-Hamilton Table</u>				Registration number, if PAC			
Street Address <u>Johnstown Road</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>1</u>	<u>0</u>	<u>25</u>	<u>07</u>
				Form (Cash, Check, etc.) <u>Check</u>		<u>350.00</u>	
Full Name of Contributor <u>Community Star Awards - Registration</u>				Registration number, if PAC			
Street Address <u>(See attached)</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>1</u>	<u>0</u>	<u>25</u>	<u>07</u>
				Form (Cash, Check, etc.) <u>Check</u>		<u>3000.00</u>	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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 net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		minus	Total expenditures this event		=	Net Amount	