

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 Jack F. Beatty				Registration Number, if PAC	
Street Address 10405 Jerome Rd	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Plain City	State O	Zip Code 43064	Amount 640.00		Form (Cash, Check, etc) check
Full Name of Contributor Clarice E. Pavlick				Registration Number, if PAC	
Street Address 80 Amazon Pl	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43214	Amount 40.00		Form (Cash, Check, etc) check
Full Name of Contributor Creative Housing Inc.				Registration Number, if PAC	
Street Address 2233 Citygate Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43219	Amount 10,000.00		Form (Cash, Check, etc) check
Full Name of Contributor Citizens For Kevin Bacon				Registration Number, if PAC	
Street Address 260 N. Cassady Ave.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43209	Amount 100.00		Form (Cash, Check, etc) check
Full Name of Contributor Joel W Theissen				Registration Number, if PAC	
Street Address 5190 Preferred Pl. Apt 121	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Hilliard	State O	Zip Code 43026	Amount 40.00		Form (Cash, Check, etc) check
Full Name of Contributor Guardian Care Services LLC				Registration Number, if PAC	
Street Address 6740 Huntley Rd., Ste. 205	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Worthington	State O	Zip Code 43229	Amount 160.00		Form (Cash, Check, etc) check
Full Name of Contributor Sandra Tillett Ferguson				Registration Number, if PAC	
Street Address 1379 Inglis Ave	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43212	Amount 40.00		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 \$ 11,020.00