31-E
R.C. 3517.10(B)

Event Date 11/03/10
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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	Employer/Occupation/Labor Organization*		Registration Number, if PAC			
Michael P. Davis						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
233 Pinetree DR.	N/A		10	30	10	40.00
City	State	Zip Code	Form(Cash,Check,etc)			
Granville	OH	43023	check			
Full Name of Contributor			Registration Number, if PAC			
Amy E. Green						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7640 Eagle Creek Dr.	N/A		10	20	10	80.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pickerington	OH	43147	check			
Full Name of Contributor			Registration Number, if PAC			
Early Childhood Education						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2879 Johnstown Rd.	N/A		10	20	10	960.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43219	check			
Full Name of Contributor			Registration Number, if PAC			
Eleanor J. Grove						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
C/O 16 S Main St.	N/A		10	13	10	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Mechanicsburg	OH	43044	check			
Full Name of Contributor			Registration Number, if PAC			
Jack F. Beatty						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10405 Jerome Rd.	N/A		10	17	10	560.00
City	State	Zip Code	Form(Cash,Check,etc)			
Plain City	OH	43064	check			
Full Name of Contributor			Registration Number, if PAC			
The Ohio State University, Blankenship Hall Room 2010						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
901 Woody Hayes Drive	N/A		10	21	10	320.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43210	check			
Full Name of Contributor			Registration Number, if PAC			
Down Syndrome Association of Central Ohio						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
510 E North Broadway	N/A		10	22	10	80.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	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 $ 2,090.00