

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 Special Olympics Ohio				Registration Number, if PAC	
Street Address 3303 Winchester Pike		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Columbus		State O	H H	Y 1	Amount 1,000.00
		Zip Code 43232	Form (Cash, Check, etc) check		
Full Name of Contributor Blaugrund Herbert Kessler Miller Myers & Postalakis, Inc.				Registration Number, if PAC	
Street Address 300 West Wilson Bridge Rd, Suite 100		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Worthington		State O	H H	Y 1	Amount 2,000.00
		Zip Code 43085	Form (Cash, Check, etc) check		
Full Name of Contributor Madeline E Trouten				Registration Number, if PAC	
Street Address 3374 Harrods St		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Groveport		State O	H H	Y 1	Amount 80.00
		Zip Code 43125	Form (Cash, Check, etc) check		
Full Name of Contributor Jed Morison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Columbus		State O	H H	Y 1	Amount 80.00
		Zip Code 43209	Form (Cash, Check, etc) check		
Full Name of Contributor OSU Nisonger Center				Registration Number, if PAC	
Street Address 2010 Blankenship, 901 Woody Hayes Dr		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Columbus		State O	H H	Y 1	Amount 5,000.00
		Zip Code 43210	Form (Cash, Check, etc) check		
Full Name of Contributor Hyacinth Macintosh				Registration Number, if PAC	
Street Address 4341 Shelborne Ln		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Columbus		State O	H H	Y 1	Amount 80.00
		Zip Code 43220	Form (Cash, Check, etc) check		
Full Name of Contributor Susan R Fast				Registration Number, if PAC	
Street Address 3734 Lyon Drive		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Columbus		State O	H H	Y 1	Amount 40.00
		Zip Code 43220	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 \$ **8,280.00**