

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 Dorothy Yeager				Registration Number, if PAC	
Street Address 3374 Column Dr	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Patricia A Shiley				Registration Number, if PAC	
Street Address 3803 Lincoln Ave	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Parma	State O H	Zip Code 44134-1803	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Sandra Ann Giusti				Registration Number, if PAC	
Street Address 1763 Hickory Hill Dr	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Columbus	State O H	Zip Code 43228-9518	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Copedes LLC				Registration Number, if PAC	
Street Address 55 Dillmont Dr, Ste 100	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Columbus	State O H	Zip Code 43235	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Goodwill Columbus				Registration Number, if PAC	
Street Address 1331 Edgehill Rd	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Columbus	State O H	Zip Code 43212-3163	Form (Cash, Check, etc) check		Amount 10,000.00
Full Name of Contributor Vickie S Fetsko				Registration Number, if PAC	
Street Address 1087 Dover Dr	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Medina	State O H	Zip Code 44256	Form (Cash, Check, etc) check		Amount 120.00
Full Name of Contributor Marcy B Samuel				Registration Number, if PAC	
Street Address 552 Westbury Woods Ct	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 30
City Westerville	State O H	Zip Code 43081	Form (Cash, Check, etc) check		Amount 160.00

* 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 employers 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: \$ 10,600.00