

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 HHCI Services, Inc				Registration Number, if PAC			
Street Address 6797 N High Street, suite 113		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 640.00
City Worthington, OH		State O H	Zip Code 43085	Form (Cash, Check, etc) check			
Full Name of Contributor Martin J Kerscher				Registration Number, if PAC			
Street Address 768 Citation Ct		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Gahanna		State O H	Zip Code 43230	Form (Cash, Check, etc) check			
Full Name of Contributor Deborah A Rinto				Registration Number, if PAC			
Street Address 920 Kenmore Ct		Employer/Occupation/Labor Organization* 920 Kenmore Ct		M 1	D 0	Y 2	Amount 40.00
City Columbus		State O H	Zip Code 43220	Form (Cash, Check, etc) check			
Full Name of Contributor Paula J Balcarcel				Registration Number, if PAC			
Street Address 3134 Northwest Blvd		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Upper Arlington		State O H	Zip Code 43221	Form (Cash, Check, etc) check			
Full Name of Contributor Tiffany A Eggleston				Registration Number, if PAC			
Street Address 2696 Sonata Dr		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 80.00
City Columbus		State O H	Zip Code 43209	Form (Cash, Check, etc) check			
Full Name of Contributor Contributors of \$25 or less.				Registration Number, if PAC			
Street Address N/A		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 160.00
City N/A		State O H	Zip Code 43220	Form (Cash, Check, etc) cash			
Full Name of Contributor Laura W Roberts				Registration Number, if PAC			
Street Address 5414 Bennington Wood Ct		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Columbus		State O H	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 \$ 1,040.00