

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 Travis M Sherick				Registration Number, if PAC	
Street Address 17275 Allen Center Rd		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 1 8	Amount 80.00
City Marysville	State O H	Zip Code 43040		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 D Y 0 8 0 6 1 8	Amount 10,000.00
City Columbus	State O H	Zip Code 43219		Form (Cash, Check, etc) check	
Full Name of Contributor Julia K Stevens				Registration Number, if PAC	
Street Address 148 W Cherokee Dr		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 1 8	Amount 40.00
City Powell	State O H	Zip Code 43065		Form (Cash, Check, etc) check	
Full Name of Contributor Akilah Summers				Registration Number, if PAC	
Street Address 150 Sherman Ave		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 1 8	Amount 40.00
City Columbus	State O H	Zip Code 43025		Form (Cash, Check, etc) check	
Full Name of Contributor Hattie Larlham Care Group				Registration Number, if PAC	
Street Address 9772 Diagonal Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 1 8	Amount 320.00
City Mantua	State O H	Zip Code 44255		Form (Cash, Check, etc) check	
Full Name of Contributor Maryalice Turner				Registration Number, if PAC	
Street Address 16611 Truetown Rd		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 1 8	Amount 40.00
City Millfield	State O H	Zip Code 45761		Form (Cash, Check, etc) check	
Full Name of Contributor Debra Viney				Registration Number, if PAC	
Street Address 1593 Middlecoff Ct		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 1 8	Amount 40.00
City Columbus	State O H	Zip Code 43226		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

46,660.00

15,250.49

Page Total \$ 10,560.00