

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 Columbus Green Cabs, Inc.				Registration Number, if PAC	
Street Address 1989 Camaro Avenue	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O H	Zip Code 43207	Form (Cash, Check, etc) check		Amount 120.00
Full Name of Contributor OSU Nisonger				Registration Number, if PAC	
Street Address 901 Woody Hayes Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O H	Zip Code 43210	Form (Cash, Check, etc) check		Amount 5,000.00
Full Name of Contributor Goodwill Columbus				Registration Number, if PAC	
Street Address 1331 Edgehill Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) check		Amount 10,000.00
Full Name of Contributor Early Childhood Education				Registration Number, if PAC	
Street Address 2879 Johnstown Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O H	Zip Code 43219	Form (Cash, Check, etc) check		Amount 640.00
Full Name of Contributor Jack F. Beatty				Registration Number, if PAC	
Street Address 10405 Jerome Rd	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Plain City	State O H	Zip Code 43064	Form (Cash, Check, etc) check		Amount 560.00
Full Name of Contributor WillGlo Services Inc				Registration Number, if PAC	
Street Address 935 Thurmond Avenue	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) check		Amount 560.00
Full Name of Contributor Marcy B Samuel				Registration Number, if PAC	
Street Address 552 Westbury Woods Ct	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
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 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 \$ 17,040.00