

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 John K Brownley						Registration Number, if PAC	
Street Address 5703 Concord Hill Drive		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 160.00
City Columbus		State O	H H	Zip Code 43213		Form (Cash, Check, etc) check	
Full Name of Contributor Allyn W Brehl						Registration Number, if PAC	
Street Address 438 Rockbourne Dr		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 100.00
City Westerville		State O	H H	Zip Code 43082		Form (Cash, Check, etc) check	
Full Name of Contributor Michael P Davis						Registration Number, if PAC	
Street Address 233 Pinetree Dr		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Granville		State O	H H	Zip Code 43023		Form (Cash, Check, etc) check	
Full Name of Contributor Robert B Price						Registration Number, if PAC	
Street Address 5717 Flintlock Ln		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Columbus		State O	H H	Zip Code 43213		Form (Cash, Check, etc) check	
Full Name of Contributor Dan Darling						Registration Number, if PAC	
Street Address 1474 Bridgeton Dr		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Upper Arlington		State O	H H	Zip Code 43220		Form (Cash, Check, etc) check	
Full Name of Contributor Angela E Ray						Registration Number, if PAC	
Street Address 1124 Lori Lane		Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2	Amount 40.00
City Westerville		State O	H H	Zip Code 43081		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 H	Zip Code 43230		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 \$ 460.00