

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 D.D.					
Full Name of Contributor Palmer-Donavin Manufacturing Company				Registration Number, if PAC	
Street Address 1200 Steelwood Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1
City Columbus	State O	Zip Code H 43212	Form (Cash, Check, etc) check		Amount 320.00
Full Name of Contributor Teresa Wilson				Registration Number, if PAC	
Street Address 7992 Oakwood Ct.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1
City Westerville	State O	Zip Code H 43081	Form (Cash, Check, etc) check		Amount 360.00
Full Name of Contributor Information Control Corporation				Registration Number, if PAC	
Street Address 2500 Corporate Exchange Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O	Zip Code H 43231	Form (Cash, Check, etc) check		Amount 320.00
Full Name of Contributor Dessco Learning, Inc. DBA Sylvan Learning Center				Registration Number, if PAC	
Street Address 8645 Columbus Pike	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1
City Lewis Center	State O	Zip Code H 43035	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Goodwill				Registration Number, if PAC	
Street Address 1331 Edgehill Road	Employer/Occupation/Labor Organization* N/A		M 0	D 7	Y 2
City Columbus	State O	Zip Code H 43212	Form (Cash, Check, etc)		Amount 10,000.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount

* 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 \$ 11,080.00