31-E
R.C. 3517.10(B)

Event Date 10/04/11
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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			Registration Number, if PAC		
Dolores J. Whitacre					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
6868 Winrock Drive	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
New Albany	OH	43054	check		
Full Name of Contributor			Registration Number, if PAC		
Deborah A. Rinto					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
920 Kenmure Ct.	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43220	check		
Full Name of Contributor			Registration Number, if PAC		
Kim O'Brien					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
6097 Tara Hill Drive	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Dublin	OH	43017	check		
Full Name of Contributor			Registration Number, if PAC		
Trena L. Brown					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
5386 Green Oak Ct	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Hilliard	OH	43026	check		
Full Name of Contributor			Registration Number, if PAC		
Ann Mason					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
225 E. Jerrery Place	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43214	check		
Full Name of Contributor			Registration Number, if PAC		
Nancy Henderson Rossel					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2208 Cheltenham Road	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43220	check		
Full Name of Contributor			Registration Number, if PAC		
Mary H. Roth					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
881 Montrose Ave	N/A		10 04 11	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43209	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 $ 280.00