

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 Mary K Long						Registration Number, if PAC	
Street Address 366 E Selby Blvd		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 40.00
City Worthington		State O H		Zip Code 43085-3628		Form (Cash, Check, etc) check	
Full Name of Contributor Connie M Willis						Registration Number, if PAC	
Street Address 758 Cherry Wood Pl		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 40.00
City Gahanna		State O H		Zip Code 43230		Form (Cash, Check, etc) check	
Full Name of Contributor ARC Industries, Inc.						Registration Number, if PAC	
Street Address 2879 Johnstown Road		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 600.00
City Columbus		State O H		Zip Code 43219		Form (Cash, Check, etc) check	
Full Name of Contributor Janet P Brunson						Registration Number, if PAC	
Street Address 3939 Black Pine Dr		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 40.00
City Grove City		State O H		Zip Code 43123		Form (Cash, Check, etc) check	
Full Name of Contributor Olivene Gillilan						Registration Number, if PAC	
Street Address 2033 Reese Ave		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 40.00
City Columbus		State O H		Zip Code 43207-4844		Form (Cash, Check, etc) check	
Full Name of Contributor Teresa M Johnson						Registration Number, if PAC	
Street Address 2742 Wildwood Rd		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 40.00
City Columbus		State O H		Zip Code 43231		Form (Cash, Check, etc) check	
Full Name of Contributor Susan Kerr Gibson						Registration Number, if PAC	
Street Address 1974 Wyandotte Rd		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 40.00
City Columbus		State O H		Zip Code 43212		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 \$ 840.00