

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				Registration Number, if PAC	
The Mentor Network					
Street Address		Employer/Occupation/Labor Organization*		M	D
1600 Osgood St, Suite 20/3-114		N/A		0	9
City		State		Y	Amount
North Andover		M A		2	320.00
		Zip Code		Form (Cash, Check, etc)	
		01845		check	
Full Name of Contributor					
YMCA of Central Ohio					
Street Address		Employer/Occupation/Labor Organization*		M	D
40 West Long Street		N/A		0	9
City		State		Y	Amount
Columbus		O H		2	480.00
		Zip Code		Form (Cash, Check, etc)	
		43215		check	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form (Cash, Check, etc)	

* 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 \$ 800.00