31-E
R.C. 3517.10(B)

Event Date 10/02/12
Page 15

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	Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	City	State	Zip Code	Form (Cash, Check, etc)
Total Homecare Solutions-Columbus LLC		8170 Corporate Park Dr, Suite 150	N/A	10	02	12	160.00	Cincinnati	OH	45242	check
Darlene W Rankin		6082 Quin Abbey Court	N/A	10	02	12	80.00	Dublin	OH	43017	check
West Central School Parent Group		1481 W Town St	N/A	10	02	12	190.00	Columbus	OH	43223	check
Northeast Parent Group		500 N Hamilton Rd	N/A	10	02	12	640.00	Gahanna	OH	43230	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: 57,060.00

Total expenditures this event: 11,654.96

Page Total $ 1,070.00