

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 Creative Housing, Inc.				Registration Number, if PAC	
Street Address 2233 City Gate Drive	Employer/Occupation/Labor Organization* N/A		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43219	Form (Cash, Check, etc) check		Amount 10,000.00
Full Name of Contributor Franklin County Residential Services, Inc.				Registration Number, if PAC	
Street Address 1021 Checkrein Ave.	Employer/Occupation/Labor Organization* N/A		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43229	Form (Cash, Check, etc) check		Amount 10,000.00
Full Name of Contributor Special Olympics Ohio				Registration Number, if PAC	
Street Address 3303 Winchester Pike	Employer/Occupation/Labor Organization* N/A		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43232	Form (Cash, Check, etc) check		Amount 1,000.00
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 7	Y 11
City Columbus	State O	Zip Code 43219	Form (Cash, Check, etc) check		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
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 \$ **31,000.00**