

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 Dan Darling				Registration Number, if PAC	
Street Address 1474 Bridgeton Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Upper Arlington	State O	Zip Code 43220	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Patricia E. McCune				Registration Number, if PAC	
Street Address 6085 Sowerby Lane	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Westerville	State O	Zip Code 43081	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Richard Grawemeyer				Registration Number, if PAC	
Street Address 192 Acton Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Columbus	State O	Zip Code 43214	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Ildiko M. Temesvary				Registration Number, if PAC	
Street Address 7337 Woodlow Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Reynoldsburg	State O	Zip Code 43068	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Robin J. Ryan				Registration Number, if PAC	
Street Address 11092 Red Fox Street	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Canal Winchester	State O	Zip Code 43110	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor C. M Gordon				Registration Number, if PAC	
Street Address 350 McCutcheon Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Gahanna	State O	Zip Code 43230	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Pamela F. Sonagere				Registration Number, if PAC	
Street Address 1223 Park Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Gahanna	State O	Zip Code 43230	Form (Cash, Check, etc) check		Amount 40.00

* 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. [RC 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**