

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 305

Name of Committee in Full						
Citizens Committee for Persons with DD						
Full Name of Contributor				Registration Number, if PAC		
Deborah F. Everett						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5421 Jack Russell Way	N/A		110	017	115	80.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43232	check			
Full Name of Contributor				Registration Number, if PAC		
Linda Fleming						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1452 Sedgfield Dr	N/A		110	017	115	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
New Albany	OH	43054	check			
Full Name of Contributor				Registration Number, if PAC		
Creative Housing Inc.						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2233 Citygate Drive	N/A		110	017	115	10,000.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43219	check			
Full Name of Contributor				Registration Number, if PAC		
Madeline E Troten						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4474 Harrdos St	N/A		110	017	115	80.00
City	State	Zip Code	Form (Cash, Check, etc)			
Groveport	OH	43215	check			
Full Name of Contributor				Registration Number, if PAC		
Troy J Shaffer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
936 Perrv St Apt 316	N/A		110	017	115	80.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43215	check			
Full Name of Contributor				Registration Number, if PAC		
Patricia E. McCune						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6085 Sowerby Ln	N/A		110	017	115	40.00
City	State	Zip Code	Form (Cash, Check, etc)			
Westerville	OH	43081	check			
Full Name of Contributor				Registration Number, if PAC		
Marcy B Samuel						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
552 Westbury Woods Ct	N/A		110	017	115	160.00
City	State	Zip Code	Form (Cash, Check, etc)			
Westerville	OH	43081	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 \$ 10,480.00