31-E
R.C. 3517.10(B)

Event Date 10/04/11
Page 18

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			Registration Number, if PAC		
Cheryl S. Janes					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
2010 Stratford Road	N/A		10 04 11		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Delaware	OH	43015	check		
Full Name of Contributor			Registration Number, if PAC		
Stephanie L Blevins					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
2540 Eastcleft Drive	N/A		10 04 11		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Upper Arlington	OH	43221	check		
Full Name of Contributor			Registration Number, if PAC		
Madeline E Trouten					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
4474 Harrods St	N/A		10 04 11		80.00
City	State	Zip Code	Form (Cash, Check, etc)		
Groveport	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Mary Anne Ebner					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
66 E Broadway	N/A		10 04 11		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Westerville	OH	43081	check		
Full Name of Contributor			Registration Number, if PAC		
Michael P. Davis					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
233 Pinetree Drive	N/A		10 04 11		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Granville	OH	43023	check		
Full Name of Contributor			Registration Number, if PAC		
Janice M. O'Herron					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
8412 Waco Lane	N/A		10 04 11		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Powell	OH	43065	check		
Full Name of Contributor			Registration Number, if PAC		
Dorothy V. Yeager					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
3374 Column Drive	N/A		10 04 11		80.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43221	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 $ 360.00