31-E
R.C. 3517.10(B)

Event Date 11/03/10
Page 20

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	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	Registration Number, if PAC	Date (M D Y)	Amount	Form (Cash, Check, etc)
Association for the Developmentally Disabled	1392 Dublin Road	N/A	Columbus	OH	43215		07 23 10	5,000.00	check
Palmer-Donavin Manufacturing Company	1200 Steelwood Road	N/A	Columbus	OH	43212		07 16 10	320.00	check
Cerebral Palsy, Inc.	440 Industrial Mile Road	N/A	Columbus	OH	43228		07 26 10	1,500.00	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 $ 6,820.00