31-E
R.C. 3517.10(B)

Event Date 11/03/10
Page 23

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**			
Dorothy V. Yeager							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
3374 Column Dr.	N/A			09	27	10	80.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43221		check			
Full Name of Contributor				**Registration Number, if PAC**			
Brooks Supported Living Inc.							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
675 Brook Hollow Drive	N/A			10	11	10	320.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Gahanna	OH	43230		check			
Full Name of Contributor				**Registration Number, if PAC**			
Dolores J Whitacre							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
6868 Winrock Drive	N/A			09	29	10	40.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
New Albany	OH	43054		check			
Full Name of Contributor				**Registration Number, if PAC**			
Northeast Parent Group							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
500 N. Hamilton Rd.	N/A			09	14	10	320.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Gahanna	OH	43230		check			
Full Name of Contributor				**Registration Number, if PAC**			
ARC Industries							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2879 Johnstown Road	N/A			07	20	10	10,000.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43219					
Full Name of Contributor				**Registration Number, if PAC**			
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Full Name of Contributor				**Registration Number, if PAC**			
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			

* 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 $ 10,760.00