

Event Date	11/03/10
Page	27

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 West Central School Parent Group				Registration Number, if PAC	
Street Address 1481 W Town St.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43223	Form (Cash, Check, etc) check		Amount 162.00
Full Name of Contributor Garnett L. Steele				Registration Number, if PAC	
Street Address 1795 E. Long St.	Employer/Occupation/Labor Organization* N/A		M 1	D 2	Y 8
City Columbus	State O	Zip Code 43203	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Jamice Bryant				Registration Number, if PAC	
Street Address 6577 Rosedale Ave.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Reynoldsburg	State O	Zip Code 43068	Form (Cash, Check, etc) check		Amount 40.00
Full Name of Contributor Barbara E. Michael Jones				Registration Number, if PAC	
Street Address 1005 Chelsea Ave	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5
City Bexley	State O	Zip Code 43209	Form (Cash, Check, etc) 43209		Amount 162.00
Full Name of Contributor The Ohio State University, Blankenship Hall Room 2010				Registration Number, if PAC	
Street Address 901 Woody Hayes Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Columbus	State O	Zip Code 43210	Form (Cash, Check, etc) check		Amount 320.00
Full Name of Contributor Council for Retarded Citizens, Inc.				Registration Number, if PAC	
Street Address 2344 East Fifth Avenue	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43219	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Children's Center for Developmental Enrichment DBA Oakstone Academy				Registration Number, if PAC	
Street Address 900 Club Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 7
City Westerville	State O	Zip Code 43081	Form (Cash, Check, etc) check		Amount 320.00

* 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. [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 \$ 1,124.00