

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 DD							
Full Name of Contributor Pamela B Creadon				Registration Number, if PAC			
Street Address 7890 Peter Hoover Rd		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 40.00
City New Albany	State O H	Zip Code 43054		Form (Cash, Check, etc) check			
Full Name of Contributor Patricia E McCune				Registration Number, if PAC			
Street Address 6085 Sowerby Ln		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 40.00
City Westerville	State O H	Zip Code 43081		Form (Cash, Check, etc) check			
Full Name of Contributor Patricia B Aellig				Registration Number, if PAC			
Street Address 5763 Bausch Rd		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 40.00
City Galloway	State O H	Zip Code 43119		Form (Cash, Check, etc) check			
Full Name of Contributor Goodwill				Registration Number, if PAC			
Street Address 1331 Edgehill Road		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 10,000.00
City Columbus	State O H	Zip Code		Form (Cash, Check, etc) check			
Full Name of Contributor Linda C Alexander				Registration Number, if PAC			
Street Address 1232 Park Dr		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 40.00
City Gahanna	State O H	Zip Code 43230		Form (Cash, Check, etc) check			
Full Name of Contributor Nancy Henderson Rossel				Registration Number, if PAC			
Street Address 2208 Cheltenham Rd		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 40.00
City Columbus	State O H	Zip Code 43220		Form (Cash, Check, etc) check			
Full Name of Contributor Debbie New				Registration Number, if PAC			
Street Address 4607 Smiley Dr NW		Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 2	Amount 40.00
City Canal Winchester	State O H	Zip Code 43110		Form (Cash, Check, etc) 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 \$ 10,240.00