

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full Citizens Committee for Persons with M.R.					
Full Name of Contributor Hague L.S.C. Fund Raisers				Registration number, if PAC	
Street Address Hague Ave.		Employer/Occupation/Labor Organization*		M 02	D 06
City Columbus		State OH	Zip Code	Y 08	Amount 372.22
				Form (Cash, Check, etc.) Cash/Checks	
Full Name of Contributor ARC East Fund Raisers @ Open House				Registration number, if PAC	
Street Address Taylor Station Road		Employer/Occupation/Labor Organization*		M 02	D 06
City Columbus		State OH	Zip Code 43230	Y 08	Amount 887.97
				Form (Cash, Check, etc.) Cash/Checks	
Full Name of Contributor ARC Central Fund Raisers				Registration number, if PAC	
Street Address Marilyn Lane		Employer/Occupation/Labor Organization*		M 02	D 06
City Columbus		State OH	Zip Code 43215	Y 08	Amount 604.28
				Form (Cash, Check, etc.) Cash/Checks	
Full Name of Contributor Service Coordination Fund Raisers				Registration number, if PAC	
Street Address 350 E. Broad Street		Employer/Occupation/Labor Organization*		M 02	D 06
City Columbus		State OH	Zip Code 43215	Y 08	Amount 701.80
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Yoga Fund Raiser				Registration number, if PAC	
Street Address See attached checks		Employer/Occupation/Labor Organization*		M 02	D 06
City Columbus		State OH	Zip Code	Y 08	Amount 1640.00
				Form (Cash, Check, etc.) Cash/Checks	
Full Name of Contributor				Registration number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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 net amount for this event to form No. 31-A. Under Full Name of Contributor state "Net 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		Net Amount	
4206	27	1440	-	2766	27

Page Total \$ **4206.27**