

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 Raymond W. Lawton				Registration Number, if PAC	
Street Address 2745 Wickliffe Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Columbus	State O	Zip Code 43221	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Rebecca S. Shannon				Registration Number, if PAC	
Street Address 3701 Bader Ct	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Westerville	State O	Zip Code 43081	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Hyacinth L. Macintosh				Registration Number, if PAC	
Street Address 4341 Shelburne Lane	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Columbus	State O	Zip Code 43220	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Marcy B. Samuel				Registration Number, if PAC	
Street Address 552 Westbury Woods Ct	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Westerville	State O	Zip Code 43081	Form (Cash, Check, etc) check		Amount 160.00
Full Name of Contributor Laura W. Roberts				Registration Number, if PAC	
Street Address 5414 Bennington Woods Ct	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Columbus	State O	Zip Code 43220	Form (Cash, Check, etc) check		Amount 120.00
Full Name of Contributor Linda G. Flemming				Registration Number, if PAC	
Street Address 1452 Sedgefield Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City New Albany	State O	Zip Code 43054	Form (Cash, Check, etc) check		Amount 80.00
Full Name of Contributor Dorothy I. Renner				Registration Number, if PAC	
Street Address 5558 Roche Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 4
City Columbus	State O	Zip Code 43229	Form (Cash, Check, etc) check		Amount 80.00

* 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 \$ **680.00**