

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				Registration Number, if PAC		
Lisa L Zuefle						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6391 Buckeye Path Dr N	N/A		1	0	1	160.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Grove City	O H	43123	check			
Full Name of Contributor				Registration Number, if PAC		
Arc Industries						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2780 Airport Drive	N/A		0	8	10,000.00	
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	O H	43219	check			
Full Name of Contributor				Registration Number, if PAC		
Columbus						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dorothy Yeager	N/A		1	0	80.00	
City	State	Zip Code	Form (Cash, Check, etc.)			
3374 Column Dr	O H	43221	check			
Full Name of Contributor				Registration Number, if PAC		
Autism Society Central Ohio						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
P.O. Box 272	N/A		1	0	320.00	
City	State	Zip Code	Form (Cash, Check, etc.)			
Worthington	O H	43085	check			
Full Name of Contributor				Registration Number, if PAC		
Dale R. Pugh						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
18 Milkweed Pl	N/A		1	0	80.00	
City	State	Zip Code	Form (Cash, Check, etc.)			
Pataskala	O H	43062	check			
Full Name of Contributor				Registration Number, if PAC		
Jed Morison						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5920 Naughten Ridge Ct	N/A		1	0	80.00	
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	O H	43213	check			
Full Name of Contributor				Registration Number, if PAC		
Debbie New						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4607 Smiley Dr NW	N/A		1	0	40.00	
City	State	Zip Code	Form (Cash, Check, etc.)			
Canal Winchester	O H	43110	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

46,660.00

Total expenditures this event

15,250.49

Page Total \$ 10,760.00
