

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 305

Name of Committee in Full Citizens Committee for Persons with DD						
Full Name of Contributor Jerry N Willis				Registration Number, if PAC		
Street Address 758 Cherry Wood Ol	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 40.00
City Gahanna	State O H	Zip Code 43220	Form (Cash, Check, etc) check			
Full Name of Contributor Susan R Fast				Registration Number, if PAC		
Street Address 3734 Lyon Dr	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 40.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) check			
Full Name of Contributor Marsha A Rummer				Registration Number, if PAC		
Street Address 188 Westview Ave	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 40.00
City Columbus	State O H	Zip Code 43214	Form (Cash, Check, etc) check			
Full Name of Contributor The Ohio State University - Bleankenship Hall -Room 2010				Registration Number, if PAC		
Street Address 901 Woody Hayes Drive	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 5,000.00
City Columbus	State O H	Zip Code 43210	Form (Cash, Check, etc) check			
Full Name of Contributor Laura W Roberts				Registration Number, if PAC		
Street Address 5414 Bennington Woods Ct	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 40.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) check			
Full Name of Contributor Sandra Tillet Ferguson				Registration Number, if PAC		
Street Address 1379 Inglis Ave	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 40.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) check			
Full Name of Contributor Michele Brosius				Registration Number, if PAC		
Street Address 2481 Sherwood Rd	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15	Amount 40.00
City Columbus	State O H	Zip Code 43209	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 \$ 5,240.00