31-E
R.C. 3517.10(B)

Event Date 10/03/17
Page 11

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	Employer/Occupation/Labor Organization*		Registration Number, if PAC				
Linda L Zelms							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
823 Sycamore Ridge Ct	N/A		10	03	17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Autism Society of Central Ohio	OH	43065	check				
Full Name of Contributor			Registration Number, if PAC				
Autism Society Central Ohio							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
386 Weydon Rd	N/A		10	03	17	560.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Worthington	OH	43085	check				
Full Name of Contributor			Registration Number, if PAC				
Goodwill Columbus							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1331 Edgehill Road	N/A		10	03	17	10,000.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43212	check				
Full Name of Contributor			Registration Number, if PAC				
Brooks Supported Living							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
675 Brook Hollow Drive	N/A		10	03	17	240.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Gahanna	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Marcy Samuel							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
552 Westbury Woods Ct	N/A		10	03	17	160.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Westerville	OH	43081	cash				
Full Name of Contributor			Registration Number, if PAC				
Jack Brownly							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
485 S Parkview Ave Apt 315	N/A		10	03	17	160.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43209	cash				
Full Name of Contributor			Registration Number, if PAC				
Ryan Phillips							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
8178 Maugham Drive	N/A		10	03	17	120.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Reynoldsburg	OH	43068	cash				

* 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 $ 11,280.00