

31-E

R.C. 3517.10(B)

Event Date	10/01/19
Page	4

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 Dixie Albrecht				Registration Number, if PAC	
Street Address 709 Winfield Dr		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 9	Amount 80.00
City Loveland	State O H	Zip Code 45140		Form (Cash, Check, etc) check	
Full Name of Contributor Terry L. Bare				Registration Number, if PAC	
Street Address 4145 Blackthorn Ln		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 9	Amount 80.00
City Dublin	State O H	Zip Code 43016		Form (Cash, Check, etc) check	
Full Name of Contributor Timothy Beckham				Registration Number, if PAC	
Street Address 6555 Karl Rd		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 9	Amount 80.00
City Columbus	State O H	Zip Code 43229		Form (Cash, Check, etc) check	
Full Name of Contributor Laura E. Billingham				Registration Number, if PAC	
Street Address 483 Cumberland Dr		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 9	Amount 40.00
City Whitehall	State O H	Zip Code 43213		Form (Cash, Check, etc) check	
Full Name of Contributor Jack Brownley				Registration Number, if PAC	
Street Address 485 Parkview Ave, Apt #315		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 9	Amount 160.00
City Columbus	State O H	Zip Code 43209		Form (Cash, Check, etc) check	
Full Name of Contributor Lee E. Childs				Registration Number, if PAC	
Street Address 104 Williard Dr		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 9	Amount 920.00
City Columbus	State O H	Zip Code 43147		Form (Cash, Check, etc) check	
Full Name of Contributor Stacey A Coriell				Registration Number, if PAC	
Street Address 6181 Blue Church Rd		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 1 1 9	Amount 40.00
City Sunbury	State O H	Zip Code 43074		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

Paid Total \$ 1,400.00