31-E
R.C. 3517.10(B)

Event Date 10/05/16
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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				
Jeanie A. Kunkle								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
242 Caswell Dr	N/A			10	05	16	120.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Gahanna	OH	43230		check				
Full Name of Contributor				Registration Number, if PAC				
Bonnie Ford								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
5714 Rothesay Drive	N/A			10	05	16	40.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Dublin	OH	43017		check				
Full Name of Contributor				Registration Number, if PAC				
Deborah Tumblison								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
7151 Blessington Ct	N/A			10	05	16	40.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Dublin	OH	43017		check				
Full Name of Contributor				Registration Number, if PAC				
Joyce E. Barrowman								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
100 Aruba Ave.	N/A			10	05	16	40.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Johnstown	OH	43031		check				
Full Name of Contributor				Registration Number, if PAC				
ARC Industries								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
2879 Johnstown Road	N/A			10	05	16	10,000.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Columbus	OH	43219		check				
Full Name of Contributor				Registration Number, if PAC				
Timothy Beckman								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
6555 Karl Rd	N/A			10	05	16	80.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Columbus	OH	43229		check				
Full Name of Contributor				Registration Number, if PAC				
William J Ryan								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
3538 Ventura Blvd	N/A			10	05	16	120.00	
City	State	Zip Code		Form (Cash, Check, etc)				
Grove City	OH	43123		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 $ 10,440.00