31-E
R.C. 3517.10(B)

Event Date 09/30/14
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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			
Adriemme M Harvey							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
151 Fairdale Ave	N/A			10	07	15	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Westerville	OH	43081		check			
Full Name of Contributor				Registration Number, if PAC			
Susan Kerr Gibson							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1974 Wyandotte Rd	N/A			10	07	15	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43212		check			
Full Name of Contributor				Registration Number, if PAC			
Luara E Billingham							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
483 Cumberland Dr	N/A			10	07	15	200.00
City	State	Zip Code		Form (Cash, Check, etc)			
Whitehall	OH	43213		check			
Full Name of Contributor				Registration Number, if PAC			
Sally Harrington							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2555 Darwin Dr	N/A			10	07	15	80.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43235		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	07	15	10,000.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43212		check			
Full Name of Contributor				Registration Number, if PAC			
David L. Harvey							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
535 Beckler Ln	N/A			10	07	15	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Delaware	OH	43015		check			
Full Name of Contributor				Registration Number, if PAC			
Claudia M Simmons							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2532 Edsel Ave	N/A			10	07	15	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43207		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