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**			
Teresa M. Johnson							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2742 Wildwood Rd	N/A			10	07	15	40.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Columbus	OH	43231	check				
Full Name of Contributor				**Registration Number, if PAC**			
Mary K Long							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
366 E Selby Blvd	N/A			10	07	15	40.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Worthington	OH	43085	check				
Full Name of Contributor				**Registration Number, if PAC**			
Franklin County Residential Services, Inc.							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1021 Checlrein Avenue	N/A			10	07	15	10,000.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Columbus	OH	43229	check				
Full Name of Contributor				**Registration Number, if PAC**			
Pamela Hager							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2720 Westrock Dr	N/A			10	07	15	40.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Hilliard	OH	43026	check				
Full Name of Contributor				**Registration Number, if PAC**			
Debbie New							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
4607 Smiley Dr NW	N/A			10	07	15	40.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Canal Winchester	OH	43110	check				
Full Name of Contributor				**Registration Number, if PAC**			
Rebecca A Love							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
175 Mayfair Blvd	N/A			10	07	15	40.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Columbus	OH	43213	check				
Full Name of Contributor				**Registration Number, if PAC**			
Mary L Martin							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
912 McMunn St	N/A			10	07	15	160.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Pickerington	OH	43147	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 $ 10,360.00