31-E
R.C. 3517.10(B)

Event Date 10/03/17
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee or Fund					
Citizens Committee for Persons with DD					
Full Name of Contributor				Registration Number, if PAC	
Pamela H Lett					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
3762 Quail Hollow Dr.	N/A		10 03 17		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43228	check		
Full Name of Contributor				Registration Number, if PAC	
Amy Krumm					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
416 Wagon Ave.	N/A		10 03 17		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Pataskala	OH	43062	check		
Full Name of Contributor				Registration Number, if PAC	
Catherine C. Berner					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
1890 Mechanicsburg Sanford Rd	N/A		10 03 17		160.00
City	State	Zip Code	Form (Cash, Check, etc)		
Mechanicsburg	OH	43044	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 03 17		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Canal Winchester	OH	43110	check		
Full Name of Contributor				Registration Number, if PAC	
Andrew J. Love					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
175 Mayfair Blvd.	N/A		10 03 17		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43213	check		
Full Name of Contributor				Registration Number, if PAC	
Maryalice Turner					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
16611 Truetown Road	N/A		10 03 17		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Millfiled	OH	45761	check		
Full Name of Contributor				Registration Number, if PAC	
Lilian R. Beck					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
93 Leland Ave	N/A		10 03 17		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43214	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 $ 400.00