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 in Full | | | | | | | |
|---|---|---|---|---|---|---|---|
| Citizens Committee for Persons with DD | | | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Christopher F Martin | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 6432 Hermitage Dr | N/A | | | 10 | 03 | 17 | 80.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Westerville | OH | 43082 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Joyce Barrowman | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 100 Aruba Ave | N/A | | | 10 | 03 | 17 | 40.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Johnstown | OH | 43031 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Madeline E Trouten | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 4474 Harrods St | N/A | | | 10 | 03 | 17 | 80.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Groveport | OH | 43215 | | 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 | 03 | 17 | 10,000.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Columbus | OH | 43219 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Nancy A. Sommer | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 3326 Kropp Rd | N/A | | | 10 | 03 | 17 | 200.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Grove City | OH | 43123 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Dorothy V. Yeager | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 3374 Column Drive | N/A | | | 10 | 03 | 17 | 120.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Columbus | OH | 43221 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Hyacinth L. Macintosh | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 4341 Shelborne Ln | N/A | | | 10 | 03 | 17 | 80.00 |
| City | State | Zip Code | | Form (Cash, Check, etc) | | | |
| Columbus | OH | 43220 | | 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 $ 10,600.00