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	Employer/Occupation/Labor Organization*		Registration Number, if PAC			
The MJB Foundation						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
803 Spivey Lane	N/A		09	30	14	160.00
City	State	Zip Code	Form (Cash, Check, etc)			
Galloway	OH	43119	check			
Full Name of Contributor			Registration Number, if PAC			
Special Olympics Ohio						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3303 Winchester Pike	N/A		09	30	14	1,000.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43232	check			
Full Name of Contributor			Registration Number, if PAC			
Brian K Parks						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
348 Parkdale Rd	N/A		09	30	14	320.00
City	State	Zip Code	Form (Cash, Check, etc)			
West Jefferson	OH	43162-1056	check			
Full Name of Contributor			Registration Number, if PAC			
Anthony L Hartley						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
970 Boyne Ct	N/A		09	30	14	320.00
City	State	Zip Code	Form (Cash, Check, etc)			
Reynoldsburg	OH	43068	check			
Full Name of Contributor			Registration Number, if PAC			
Blaugrund Herbert Kessler Miller Myers & Postalakis Inc.						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
300 West Wilson Bridge Rd, Ste 100	N/A		09	30	14	2,000.00
City	State	Zip Code	Form (Cash, Check, etc)			
Worthington	OH	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Columbus State Community College						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
550 E Spring Street	N/A		09	30	14	320.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Columbus State Community College						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
550 E Spring Street	N/A		09	30	14	320.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbus	OH	43215	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 $ 4,440.00