31-E

R.C. 3517.10(B)

Event Date 10/02/18

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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**		
David Ott					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
4000 Glenda Pl	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43220	check		
Full Name of Contributor			**Registration Number, if PAC**		
Morning View Care Center					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
2887 Johnstown Rd	N/A		10 11 18	320.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43219	check		
Full Name of Contributor			**Registration Number, if PAC**		
Lighthouse Supported Living LLC					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
PO Box 14399	N/A		10 11 18	960.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43214	check		
Full Name of Contributor			**Registration Number, if PAC**		
Darren H Thompson					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
41 Rundlet Ct	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Westerville	OH	43061	check		
Full Name of Contributor			**Registration Number, if PAC**		
Pamela H Lett					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
3762 Quail Hollow Drive	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43228	check		
Full Name of Contributor			**Registration Number, if PAC**		
Christine A. Hunter					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
1826 Edgemont Rd	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43212	check		
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 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43231	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: 46,660.00

Total expenditures this event: 15,250.49

Page Total $ 1,480.00