31-E
R.C. 3517.10(B)

Event Date 10/01/19
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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**	
Theresa Doughty				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
578 Terrace Ave			10 01 19	40.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Columbus	OH	43204	check	
Full Name of Contributor			**Registration Number, if PAC**	
Carol Elvin				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
1916 Brimfield Rd	N/A		10 01 19	40.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Columbus	OH	43229	check	
Full Name of Contributor			**Registration Number, if PAC**	
Jean P Gordon				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
228 Reinhard Ave	N/A		10 01 19	320.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Columbus	OH	43206	check	
Full Name of Contributor			**Registration Number, if PAC**	
I Am Boundless, Inc.				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
445 E. Dublin Granville Road Bldg G	N/A		10 01 19	5,640.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Worthington	OH	43085	check	
Full Name of Contributor			**Registration Number, if PAC**	
Joseph W Becker				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
319 Easter Rd, Apt 107	N/A		10 01 19	40.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Lexington	OH	44904	check	
Full Name of Contributor			**Registration Number, if PAC**	
Jill M Hicks				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
8657 Olenbrook Dr	N/A		10 01 19	120.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Lewis Center	OH	43035	check	
Full Name of Contributor			**Registration Number, if PAC**	
Noreen L Warnock				
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**
128 Clenton Heights Ave	N/A		10 01 19	40.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Columbus	OH	43202	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 $ 6,240.00