31-E
R.C. 3517.10(B)

Event Date 09/30/14
Page 8

Statement of Contributions Received at a Social or Fundraising Event

Processed 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		
Patricia B. Aellig					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
5763 Bausch Rd	N/A		09 30 14	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Galloway	OH	43119-9585	check		
Full Name of Contributor			Registration Number, if PAC		
Deborah A. Rinto					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
920 Kenmure Ct	N/A		09 30 14	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43220-4017	check		
Full Name of Contributor			Registration Number, if PAC		
Carol D Farmer					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
1101 Broadview Ave	N/A		09 30 14	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43212	check		
Full Name of Contributor			Registration Number, if PAC		
Mary M Anderson					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
154 Barcelona Ave	N/A		09 30 14	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Westerville	OH	43081	check		
Full Name of Contributor			Registration Number, if PAC		
Kathleen Fracasso					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
13060 Center Village Rd	N/A		09 30 14	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Galena	OH	43021	check		
Full Name of Contributor			Registration Number, if PAC		
Margaret A Tippett					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
150 Piedmont Road	N/A		09 30 14	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43214	check		
Full Name of Contributor			Registration Number, if PAC		
Margaret A Tippett					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
150 Peidmont Road	N/A		09 30 14	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: $ 280.00