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			Registration Number, if PAC				
L. C. Alexander							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1232 Park Dr	N/A		10	07	15	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Gahanna	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Jack F. Beatty							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
10405 Jerome Rd	N/A		10	07	15	640.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Plain City	OH	43064	check				
Full Name of Contributor			Registration Number, if PAC				
John K Browney							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5703 Concord Hill Dr	N/A		10	07	15	160.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43213	check				
Full Name of Contributor			Registration Number, if PAC				
Michael C Ross							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
391 Library Park Ct	N/A		10	07	15	80.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Friends of David Leland							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
367 E Broad St #1002	N/A		10	07	15	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Central Ohio Chapter Autism Society							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
286 Weydon Rd	N/A		10	07	15	320.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Worthington	OH	43065	check				
Full Name of Contributor			Registration Number, if PAC				
Heinzerling Foundation							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1800 Heinzerling Drive	N/A		10	07	15	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43223	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 $ 1,320.00