

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 Allison M. Grimes				Registration Number, if PAC			
Street Address 1361 LaForge St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	119
City Columbus		State O	H H	Zip Code 43228		Form (Cash, Check, etc) check	
Full Name of Contributor Adrienne M Harvey				Registration Number, if PAC			
Street Address 151 Fairdale Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		N/A		1	0	0	119
City Westerville		State O	H H	Zip Code 43081		Form (Cash, Check, etc) check	
Full Name of Contributor Anthony L Hartley				Registration Number, if PAC			
Street Address 2468 Pleasant Colony Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		N/A		1	0	0	119
City Lewis Center		State O	H H	Zip Code 43035		Form (Cash, Check, etc) check	
Full Name of Contributor Ellis Holcomb				Registration Number, if PAC			
Street Address 320 Mayfield Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		N/A		1	0	0	119
City South Shore		State K	Y Y	Zip Code 41175		Form (Cash, Check, etc) check	
Full Name of Contributor Ann M Horton				Registration Number, if PAC			
Street Address 237 Larrimer Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		N/A		1	0	0	119
City Worthington		State O	H H	Zip Code 43085		Form (Cash, Check, etc) check	
Full Name of Contributor Christine A. Hunter				Registration Number, if PAC			
Street Address 1826 Edgemont Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		N/A		1	0	0	119
City Columbus		State O	H H	Zip Code 43212		Form (Cash, Check, etc) check	
Full Name of Contributor Teressa M. Johnson				Registration Number, if PAC			
Street Address 2742 Wildwood Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		N/A		1	0	0	119
City Columbus		State O	H H	Zip Code 43231		Form (Cash, Check, etc) 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 \$ 720.00