31-E
R.C. 3517.10(B)

Event Date 10/05/16
Page 16

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: Debbie New			Registration Number, if PAC		
Street Address: 4607 Smiley Dr. NW	Employer/Occupation/Labor Organization*: N/A		M 10 D 05 Y 16	Amount: 40.00	
City: Canal Winchester	State: OH	Zip Code: 43110	Form (Cash, Check, etc): check		
Full Name of Contributor: Deborah A. Rinto			Registration Number, if PAC		
Street Address: 920 Kenmure Ct	Employer/Occupation/Labor Organization*: N/A		M 10 D 05 Y 16	Amount: 40.00	
City: Columbus	State: OH	Zip Code: 43230	Form (Cash, Check, etc): check		
Full Name of Contributor: Pamela H Lett			Registration Number, if PAC		
Street Address: 3762 Quail Hollow Dr.	Employer/Occupation/Labor Organization*: N/A		M 10 D 05 Y 16	Amount: 40.00	
City: Columbus	State: OH	Zip Code: 43228	Form (Cash, Check, etc): check		
Full Name of Contributor: Debby S Koons			Registration Number, if PAC		
Street Address: 2596 Bristol Rd	Employer/Occupation/Labor Organization*: N/A		M 10 D 05 Y 16	Amount: 40.00	
City: Upper Arlington	State: OH	Zip Code:	Form (Cash, Check, etc): check		
Full Name of Contributor: Mary A. Ebner			Registration Number, if PAC		
Street Address: 128 Logan Ave.	Employer/Occupation/Labor Organization*: N/A		M 10 D 05 Y 16	Amount: 40.00	
City: Westerville	State: OH	Zip Code: 43081	Form (Cash, Check, etc): check		
Full Name of Contributor: Sally Harrington			Registration Number, if PAC		
Street Address: 2555 Darwin Dr	Employer/Occupation/Labor Organization*: N/A		M 10 D 05 Y 16	Amount: 40.00	
City: Columbus	State: OH	Zip Code: 43235	Form (Cash, Check, etc): check		
Full Name of Contributor:			Registration Number, if PAC		
Street Address:	Employer/Occupation/Labor Organization*:		M D Y	Amount:	
City:	State:	Zip Code:	Form (Cash, Check, etc):		

* 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 $ 240.00