31-E

R.C. 3517.10(B)

Event Date 10/05/16

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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 | | | |
| Lillian Marie Richardson Pod | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 2809 Kingsrowe Ct | N/A | | | 10 | 05 | 16 | 80.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Columbus | OH | 43209 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Travis M Sherick | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 17275 Allen Center Dr | N/A | | | 10 | 05 | 16 | 80.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Marysville | OH | 43040 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Yvonne L. Daniels | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1546 Argus Rd. | N/A | | | 10 | 05 | 16 | 40.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Columbus | OH | 43227 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Davi Blake | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 6167 Maxton Place | N/A | | | 10 | 05 | 16 | 80.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Worthington | OH | 43065 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Franklin County Residential Services, Inc | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 1021 Checkrein Avenue | N/A | | | 10 | 05 | 16 | 500.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Columbus | OH | 43229 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| O Ott | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 4000 Glenda Pl | N/A | | | 10 | 05 | 16 | 40.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Columbus | OH | 43212 | | check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Denise M. George | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M | D | Y | Amount |
| 620 Bickel Church Rd NW | N/A | | | 10 | 05 | 16 | 40.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | | | |
| Baltimore | OH | 43105 | | 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 $ 860.00