31-E
R.C. 3517.10(B)

Event Date 10/09/13
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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	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	M	D	Y	Amount	Form (Cash, Check, etc)
Down Syndrome Association of Central Ohio	510 East North Broadway	Columbus	OH	43214	N/A		09	26	13	320.00	check
Allyn W Brehl	438 Rockbourne Dr	Westerville	OH	43082	N/A		09	26	13	100.00	check
Angela E Ray, Ph. D.	1124 Lori Lane	Westerville	OH	43081	N/A		09	26	13	160.00	check
Northeast Parent Group	502 N Hamilton Rd	Gahanna	OH	43230	N/A		09	26	13	320.00	check
Heinzerling Memorial Foundation	1800 Hienzerling Drive	Columbus	OH	43223	N/A		09	26	13	80.00	check
The Mentor Network	1600 Osgood St, Suite 20/3-114	North Andover	MA	01845	N/A		09	26	13	240.00	check
Team Care Behavioral Health, LLC	7852 Holderman Street	Lewis Center	OH	43035	N/A		09	26	13	160.00	

* 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 $ 1,380.00