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	
Minamyer Residential Care Services					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
967 Worthington Woods Loop	N/A		0 9 3 0 1 4	320.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Worthington	O H	43085	check		
Full Name of Contributor				Registration Number, if PAC	
Jack E Beatty					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
10405 Jerome Rd	N/A		0 9 3 0 1 4	560.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Plain City	O H	43064	check		
Full Name of Contributor				Registration Number, if PAC	
The Ohio State University, Blankenship Hall - Room 2010					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
901 Woody Hayes Drive	N/A		0 9 3 0 1 4	5,000.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	O H	43210	check		
Full Name of Contributor				Registration Number, if PAC	
Catherine L Rheinfrank					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
438 Rockbourne Dr	N/A		0 9 3 0 1 4	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Westerville	O H	43082-6310	check		
Full Name of Contributor				Registration Number, if PAC	
Susan R Fast					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
3734 Lyon Dr	N/A		0 9 3 0 1 4	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	O H	43220	check		
Full Name of Contributor				Registration Number, if PAC	
Rebecca A Love					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
175 Mayfair Blvd	N/A		0 9 3 0 1 4	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	O H	43213-1610	check		
Full Name of Contributor				Registration Number, if PAC	
Laura E Billingham					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
483 Cumberland Dr	N/A		0 9 3 0 1 4	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Whitehall	O H	43213-2062	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 $ 6,040.00