31-E
R.C. 3517.10(B)

Event Date 10/03/17
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee or Fund: Citizens Committee for Persons with DD

Full Name of Contributor	Employer/Occupation/Labor Organization*		Registration Number, if PAC		
Jack F. Beatty					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
10405 Jerome Rd	N/A		10 03 17	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Plain City	OH	43064	check		
Full Name of Contributor			Registration Number, if PAC		
Anthony L. Hatley					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2486 Pleasant Colony Drive	N/A		10 03 17	160.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Lewis Center	OH	43035	check		
Full Name of Contributor			Registration Number, if PAC		
Jed W. Morison					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2572 Brentwood Rd.	N/A		10 03 17	80.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
David Ott					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
4000 Glenda Pl	N/A		10 03 17	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43220	check		
Full Name of Contributor			Registration Number, if PAC		
Diane L. Dobrea					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
367 Charmel Pl	N/A		10 03 17	160.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43235	check		
Full Name of Contributor			Registration Number, if PAC		
Nancy A. Sommer					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
3326 Kropp Rd	N/A		10 03 17	320.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Grove City	OH	43123	check		
Full Name of Contributor			Registration Number, if PAC		
Morning View Care Center					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2887 Johnstown Rd	N/A		10 03 17	240.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43219	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 $ 1,040.00