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				Registration Number, if PAC			
Dan Darling							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1474 Bridgeton Dr	N/A			10	28	13	80.00
City	State	Zip Code		Form (Cash, Check, etc)			
Upper Arlington	OH	43220		check			
Full Name of Contributor				Registration Number, if PAC			
Eleaner J Grove							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
16S Main Street	N/A			10	28	13	50.00
City	State	Zip Code		Form (Cash, Check, etc)			
Mechanicsburg	OH	43044		check			
Full Name of Contributor				Registration Number, if PAC			
Jack F Beatty							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
10405 Jerome Rd	920 Kenmure Ct			10	28	13	1,040.00
City	State	Zip Code		Form (Cash, Check, etc)			
Plain City	OH	43064		check			
Full Name of Contributor				Registration Number, if PAC			
Barabara E Michael Jones							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1005 Chelsea Ave	N/A			10	28	13	160.00
City	State	Zip Code		Form (Cash, Check, etc)			
Bexley OH	OH	43209		check			
Full Name of Contributor				Registration Number, if PAC			
John K Brownly							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
5703 Concord Hill Dr	N/A			10	28	13	160.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43213		check			
Full Name of Contributor				Registration Number, if PAC			
Mary K Long							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
366 E Shelby Blvd	N/A			10	28	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Worthington	OH	43085		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: 54,630.00

Total expenditures this event: 12,163.17

Page Total $ 1,530.00