31-E

R.C. 3517.10(B)

Event Date 10/02/18

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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**		
Laura E. Billingham					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
483 Cumberland Dr	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Whitehall	OH	43213	check		
Full Name of Contributor			**Registration Number, if PAC**		
Mildred Blumenfeld					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
465 Park Rd	N/A		10 11 18	280.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43085	check		
Full Name of Contributor			**Registration Number, if PAC**		
William J Browning					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
670 Northbridge Ct	N/A		10 11 18	320.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Westerville	OH	43081	check		
Full Name of Contributor			**Registration Number, if PAC**		
Courtney Davis					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
74 Hayesville Rd	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Circleville	OH	43113	cash		
Full Name of Contributor			**Registration Number, if PAC**		
Rebecca A Love					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
175 Mayfair Rd	N/A		10 11 18	40.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43223	check		
Full Name of Contributor			**Registration Number, if PAC**		
The Ohio State University. Store Bldg. Room 120					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
2650 Kenny Rd	N/A		08 06 18	5,000.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43210	check		
Full Name of Contributor			**Registration Number, if PAC**		
Larry Macintosh					
Street Address	**Employer/Occupation/Labor Organization***		**M D Y**	**Amount**	
4341 Shelborne Ln	N/A		10 11 18	80.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**		
Columbus	OH	43220	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: 46,660.00

Total expenditures this event: 15,250.49

Page Total $ 5,800.00