

31-E

R.C. 3517.10(B)

Event Date	10/02/18
Page	5

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 Christina M. Conrad				Registration Number, if PAC	
Street Address 8604 Firstgate Dr	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118
City Reynoldsburg	State O	Zip Code 43068	Form (Cash, Check, etc) check		
Amount 40.00					
Full Name of Contributor Angela R. Franke					
Street Address 2453 Bridlewood Ct				Employer/Occupation/Labor Organization* N/A	
City Columbus	State O	Zip Code 43207	M 1	D 0	Y 1118
Form (Cash, Check, etc) check			Amount 40.00		
Full Name of Contributor Lee E. Childs					
Street Address 104 Williard Dr				Employer/Occupation/Labor Organization* N/A	
City Pickerington	State O	Zip Code 43147	M 1	D 0	Y 1118
Form (Cash, Check, etc) check			Amount 520.00		
Full Name of Contributor Tracey R. Girad					
Street Address 7732 Havens Ct				Employer/Occupation/Labor Organization* N/A	
City Blacklick	State O	Zip Code 43004	M 1	D 0	Y 1118
Form (Cash, Check, etc) check			Amount 120.00		
Full Name of Contributor S. Jean Goss					
Street Address 603 Dunoon Dr				Employer/Occupation/Labor Organization* N/A	
City Gahanna	State O	Zip Code 43230	M 1	D 0	Y 1118
Form (Cash, Check, etc) check			Amount 200.00		
Full Name of Contributor Jack Brownley					
Street Address 485 S Parkview Ave. Apt 315				Employer/Occupation/Labor Organization* N/A	
City Columbus	State O	Zip Code 43209	M 1	D 0	Y 1118
Form (Cash, Check, etc) check			Amount 160.00		
Full Name of Contributor Joseph W. Becker					
Street Address 600 S Main St				Employer/Occupation/Labor Organization* N/A	
City West Mansfield	State O	Zip Code 43358	M 1	D 0	Y 1118
Form (Cash, Check, etc) check			Amount 40.00		

* 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

46,660.00

15,250.49

Page Total \$ 1,120.00