31-E
R.C. 3517.10(B)

Event Date 10/05/16
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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				
Trouten Family Trust								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
4474 Harrods St	N/A			10	05	16	80.00	
City	State	Zip Code		Form(Cash,Check,etc)				
Groveport	OH	43125		check				
Full Name of Contributor				Registration Number, if PAC				
Austin J Vanalmsick								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
1742 Pickering Drive	N/A			10	05	16	40.00	
City	State	Zip Code		Form(Cash,Check,etc)				
Reynoldsburg	OH	43068		check				
Full Name of Contributor				Registration Number, if PAC				
Hyacinth L. Macintosh								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
4341 Shelbourne Ln.	N/A			10	05	16	80.00	
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	OH	43220		check				
Full Name of Contributor				Registration Number, if PAC				
Patricia M. Millett								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
1075 Kempton Run Rd	N/A			10	05	16	40.00	
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	OH	43235		check				
Full Name of Contributor				Registration Number, if PAC				
Nan J. Burns								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
235 Overbrook Drive	N/A			10	05	16	40.00	
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	OH	43214		check				
Full Name of Contributor				Registration Number, if PAC				
Gwynn Kinsel								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
388 Greencamp Dr	N/A			10	05	16	40.00	
City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	OH	43235		check				
Full Name of Contributor				Registration Number, if PAC				
Janet N. Mongomery								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
4007 Shattuck Ave	N/A			10	05	16	40.00	
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

Total expenditures this event

Page Total $ 360.00