

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 Jeffery B Marinko-Shrivers				Registration Number, if PAC		
Street Address 7852 Holderman St	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118	Amount 160.00
City Lewis Center	State O	H H	Zip Code 43035		Form (Cash, Check, etc) check	
Full Name of Contributor Brenda Allen				Registration Number, if PAC		
Street Address 2677 Sawmill Green Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118	Amount 40.00
City Powell	State O	H H	Zip Code 43065		Form (Cash, Check, etc) cash	
Full Name of Contributor Mary Martin				Registration Number, if PAC		
Street Address 912 McMunn St	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118	Amount 40.00
City Pickerington	State O	H H	Zip Code 43147		Form (Cash, Check, etc) check	
Full Name of Contributor Laura B Mongold				Registration Number, if PAC		
Street Address 856 Northwest Blvd	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118	Amount 40.00
City Columbus	State O	H H	Zip Code 43212		Form (Cash, Check, etc) check	
Full Name of Contributor Goodwill Columbus				Registration Number, if PAC		
Street Address 1331 Edgehill Rd	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 0618	Amount 10,000.00
City Columbus	State O	H H	Zip Code 43212		Form (Cash, Check, etc) check	
Full Name of Contributor Angela E. Ray, PH.D.				Registration Number, if PAC		
Street Address 1124 Lori Ave	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118	Amount 160.00
City Westerville	State O	H H	Zip Code 43081		Form (Cash, Check, etc) check	
Full Name of Contributor Marcy B. Samuel				Registration Number, if PAC		
Street Address 552 Westbury Woods Ct	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 1118	Amount 160.00
City Westerville	State O	H H	Zip Code 43081		Form (Cash, Check, etc) 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 \$ **10,600.00**