

31-E

R.C. 3517.10(B)

Event Date 09/30/14Page 7

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 Dan Darling				Registration Number, if PAC	
Street Address 1474 Bridgeton Dr	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) check		Amount 40.00
Full Name of Contributor Dan Darling				Registration Number, if PAC	
Street Address 1474 Bridgeton Dr	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) check		Amount 40.00
Full Name of Contributor ARC Industries				Registration Number, if PAC	
Street Address 2879 Johnstown Rd	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check		Amount 10,000.00
Full Name of Contributor Jed W. Morison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount 80.00
Full Name of Contributor Michael F Curtin				Registration Number, if PAC	
Street Address 1370 Cambridge Blvd	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Gwynn Kinsel				Registration Number, if PAC	
Street Address 388 Greencamp Dr	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check		Amount 40.00
Full Name of Contributor Robert Lee Thomas				Registration Number, if PAC	
Street Address 1506 Denbigh Drive	Employer/Occupation/Labor Organization* N/A		M 11	D 07	Y 15
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check		Amount 80.00

* 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

Page Total \$ 10,380.00