31-E
R.C. 3517.10(B)

Event Date 10/01/19
Page 11

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	
Hattie Larlham Care Group					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
9772 Diagonal Rd.				10 01 19	320.00
City	State	Zip Code		Form(Cash,Check,etc)	
Mantua	OH	44255		check	
Full Name of Contributor				Registration Number, if PAC	
Autism Society Central Ohio					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
PO Box 272	N/A			10 01 19	640.00
City	State	Zip Code		Form(Cash,Check,etc)	
Worthington	OH	43085		check	
Full Name of Contributor				Registration Number, if PAC	
Morning View Care Center					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
2887 Johnston Rd	N/A			10 01 19	240.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	OH	43219		check	
Full Name of Contributor				Registration Number, if PAC	
Cori Care, Inc.					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
1060 Kingsmill Parkway	N/A			10 01 19	320.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	OH	43229		check	
Full Name of Contributor				Registration Number, if PAC	
Columbus Center for Human Services, Inc.					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
540 Industrial Mile Rd	N/A			10 01 19	320.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	OH	43228		check	
Full Name of Contributor				Registration Number, if PAC	
YMCA of Central Ohio					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
40 West Long Street	N/A			10 01 19	200.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	OH	43215		check	
Full Name of Contributor				Registration Number, if PAC	
Kroger					
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
4111 Executive Pkwy	N/A			10 01 19	240.00
City	State	Zip Code		Form(Cash,Check,etc)	
Westerville	OH	43081		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: 47,690.00

Total expenditures this event: 15,845.27

Page Total $ 2,280.00