31-E

R.C. 3517.10(B)

Event Date 10/03/17

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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**			
Timothy Beckman							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
6555 Karl Rd	N/A			10	03	17	80.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Columbus	OH	43229	check				
Full Name of Contributor				**Registration Number, if PAC**			
Angela E. Ray, Ph.D.							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1124 Lori Lane	N/A			10	03	17	160.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Westerville	OH	43081	check				
Full Name of Contributor				**Registration Number, if PAC**			
Team Care Behavioral Health							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
7825 Holderman St	N/A			10	03	17	160.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Lewis Center	OH	43035	check				
Full Name of Contributor				**Registration Number, if PAC**			
Rebecca J. Campbell							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
4937 Thornhill Ln	N/A			10	03	17	80.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Dublin	OH	43017	check				
Full Name of Contributor				**Registration Number, if PAC**			
Marna L. Beatty							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
10405 Jerome Rd.	N/A			10	03	17	240.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Plain City	OH	43064	check				
Full Name of Contributor				**Registration Number, if PAC**			
Crystal D. Schneider							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
824 Ross Rd	N/A			10	03	17	320.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Columbus	OH	43213	check				
Full Name of Contributor				**Registration Number, if PAC**			
Jack F. Beatty							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
10405 Jerome Rd.	N/A			10	03	17	800.00
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**				
Plain City	OH	43064	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 $ 1,840.00