

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 or Fund Citizens Committee for Persons with DD					
Full Name of Contributor Harold Denson				Registration Number, if PAC	
Street Address 2805 Kengary Way	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Renoldsburg	State O	Zip Code 43068	Form (Cash, Check, etc.) cash		Amount 40.00
Full Name of Contributor Blaugrund Kessler Myers & Postalakis Inc.				Registration Number, if PAC	
Street Address 300 West Wilson Bridge Rd Ste 100	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Worthington	State O	Zip Code 43085	Form (Cash, Check, etc.) check		Amount 2,000.00
Full Name of Contributor Lisa Everett-Robinson				Registration Number, if PAC	
Street Address 5421 Jack Russell Way	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43232	Form (Cash, Check, etc.) cash		Amount 80.00
Full Name of Contributor E Marie Salvatore				Registration Number, if PAC	
Street Address 5707 Grove City Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Grove City	State O	Zip Code 43123	Form (Cash, Check, etc.) cash		Amount 40.00
Full Name of Contributor Todd Lilly				Registration Number, if PAC	
Street Address 7299 Porter Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Canal Winchester	State O	Zip Code 43110	Form (Cash, Check, etc.) cash		Amount 40.00
Full Name of Contributor Courtney Congrove				Registration Number, if PAC	
Street Address 1152 Orr Road	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Chillicothe	State O	Zip Code 45601	Form (Cash, Check, etc.) cash		Amount 40.00
Full Name of Contributor Kristy J. Little				Registration Number, if PAC	
Street Address 1568 Tuscarora Drive	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 3
City Grove City	State O	Zip Code 43123	Form (Cash, Check, etc.) check		Amount 40.00

* 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 \$ **2,280.00**