31-E
R.C. 3517.10(B)

Event Date 10/05/16
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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	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	M	D	Y	Amount	Form (Cash, Check, etc)
Team Car Behavioral Health, LLC	7852 Holderman Street	Lewis Center	OH	43035	N/A		10	05	16	160.00	check
Special Olmpics Ohio	3303 Winchester Pike	Columbus	OH	43232	N/A		10	05	16	1,000.00	check
Todd D. Lilley	7299 Porter Rd.	Canal Winchester	OH	43110	N/A		10	05	16	40.00	check
Linda Flemming	1452 Sedgefield Dr	New Albany	OH	43054	N/A		10	05	16	120.00	check
Dublin Methodist Hospital	7500 Hospital Drive	Dublin	OH	43016	N/A		10	05	16	320.00	check
Franklin County Residential Services, Inc.	1021 Checkrein Avenue	Columbus	OH	43229	N/A		10	05	16	460.00	check
HHCI Services, Inc	6797 N. High Street, Suite 113	Worthington	OH	43085	N/A		10	05	16	640.00	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 $ 2,740.00