

31-E

R.C. 3517.10(B)

Event Date 09/30/14Page 14

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Supplemental Code 3105

Name of Committee or Fund					
Citizens Committee for Persons with DD					
Full Name of Contributor				Registration Number, if PAC	
Andrienne M Mathes					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
505 Richards Rd	N/A		0	9	3
City	State	Zip Code	Amount		
Columbus	OH	43214	40.00		
			Form (Cash, Check, etc)		
			check		
Full Name of Contributor				Registration Number, if PAC	
Sandra Tillett Ferguson					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1379 Inglis Ave	N/A		0	9	3
City	State	Zip Code	Amount		
Columbus	OH	43212	40.00		
			Form (Cash, Check, etc)		
			check		
Full Name of Contributor				Registration Number, if PAC	
Catherine M Gordon					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
350 McCutcheon Rd	N/A		0	9	3
City	State	Zip Code	Amount		
Gahanna	OH	43230	40.00		
			Form (Cash, Check, etc)		
			check		
Full Name of Contributor				Registration Number, if PAC	
ARC Industries					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2879 Johnston Road	N/A		0	9	3
City	State	Zip Code	Amount		
Columbus	OH	43219	10,000.00		
			Form (Cash, Check, etc)		
			check		
Full Name of Contributor				Registration Number, if PAC	
Beverly J Ryan					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
173 Longfellow Ave	N/A		0	9	3
City	State	Zip Code	Amount		
Worthington	OH	43085-3000	40.00		
			Form (Cash, Check, etc)		
			check		
Full Name of Contributor				Registration Number, if PAC	
Marsha A Rummer					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
188 Westview Ave	N/A		0	9	3
City	State	Zip Code	Amount		
Columbus	OH	43214	40.00		
			Form (Cash, Check, etc)		
			check		
Full Name of Contributor				Registration Number, if PAC	
Sally Harrington					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2555 Darwin Dr	N/A		0	9	3
City	State	Zip Code	Amount		
Columbus	OH	43235	40.00		
			Form (Cash, Check, etc)		
			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 \$ 10,240.00