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	Employer/Occupation/Labor Organization*		Registration Number, if PAC				
Marsha A. Rummer							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
38 Westview Ave	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43214	check				
Full Name of Contributor			Registration Number, if PAC				
Denise J Henkel							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
351 Center St	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Groveport	OH	43125	check				
Full Name of Contributor			Registration Number, if PAC				
Connie M Willis							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
758 Cherry Wood Pl	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Barbara Acton							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
446 S Columbia Ave	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43209	check				
Full Name of Contributor			Registration Number, if PAC				
Valerie M Messmer							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
555 Township Road	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Marengo	OH	43334	check				
Full Name of Contributor			Registration Number, if PAC				
Amy L. Frick							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
255 Marjoram Dr	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Robin J. Ryan							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
11092 Red Fox Street	N/A		10	05	16	40.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Canal Winchester	OH	43110	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 $ 280.00