31-E
R.C. 3517.10(B)

Event Date 10/09/13
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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				
Marsha A Rummer							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
188 Westview Ave	N/A		09	26	13	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43214	check				
Full Name of Contributor			Registration Number, if PAC				
Beverly J Ryan							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
173 Longfelow Ave	N/A		09	26	13	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Worthington	OH	43085	check				
Full Name of Contributor			Registration Number, if PAC				
Adrienne M Mathes							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
171 West Pacemont Rd	N/A		09	26	13	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43202	check				
Full Name of Contributor			Registration Number, if PAC				
Michele Brosius							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2481 Sherwood Rd	N/A		09	26	13	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43209	check				
Full Name of Contributor			Registration Number, if PAC				
Sandra Tillett Ferguson							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1379 Inglis Ave	N/A		09	26	13	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43212	check				
Full Name of Contributor			Registration Number, if PAC				
Teresa M Johnson							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2742 Wildwood Rd	N/A		09	26	13	40.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43231	check				
Full Name of Contributor			Registration Number, if PAC				
Arc Industries							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2879 Johnstown Road	N/A		09	26	13	10,000.00	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	OH	43219					

* 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