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 in Full					
Citizens Committee for Persons with DD					
Full Name of Contributor			Registration Number, if PAC		
Brenda L. Mickey					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
5957 Stillponds Pl	N/A		10 03 17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43228	check		
Full Name of Contributor			Registration Number, if PAC		
Stephania Celli					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
352 Oxford Oak Dr	N/A		10 03 17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Blacklick	OH	43004	check		
Full Name of Contributor			Registration Number, if PAC		
Jenny Mercer					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
1123 Hillridge Rd	N/A		10 03 17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	check		
Full Name of Contributor			Registration Number, if PAC		
Erin Harrington					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2731 Mink St	N/A		10 03 17	80.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Mount Vernon	OH	43050	check		
Full Name of Contributor			Registration Number, if PAC		
Deborah A. Rinto					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
920 Kenmure Ct	N/A		10 03 17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43220	check		
Full Name of Contributor			Registration Number, if PAC		
Sally J. Harrington					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
2555 Darwin Dr	N/A		10 03 17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43235	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 03 17	40.00	
City	State	Zip Code	Form (Cash, Check, etc)		
Groveport	OH	43125	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

43,560.00

Total expenditures this event

14,185.19

Page Total $ 320.00