31-E

R.C. 3517.10(B)

Event Date 10/05/16

Page 13

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		
Morning View Care Center Community Services					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
1395 E Dublin Granville Rd, Suite 300	N/A		10 05 16		80.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43229	check		
Full Name of Contributor			Registration Number, if PAC		
Marva R. Mosier					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
1780 Oxbow Dr.	N/A		10 05 16		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Blacklick	OH	43004	check		
Full Name of Contributor			Registration Number, if PAC		
L. C. Alexander					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
1232 Park 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		
Mary L. Martin					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
912 McMunn St.	N/A		10 05 16		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Pickerington	OH	43147	check		
Full Name of Contributor			Registration Number, if PAC		
Goodwill Columbus					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
1331 Edgehill Road	N/A		10 05 16		10,000.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43212	check		
Full Name of Contributor			Registration Number, if PAC		
Brenda I. Mickey					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
5957 Stillponds Pl.	N/A		10 05 16		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Columbus	OH	43228	check		
Full Name of Contributor			Registration Number, if PAC		
David L Harvey					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
535 Beckler Ln.	N/A		10 05 16		40.00
City	State	Zip Code	Form (Cash, Check, etc)		
Delaware	OH	43015	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 $ 10,280.00