

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 Angela E. Ray, PH.D.			Registration Number, if PAC	
Street Address 1124 Lori Lane	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 160.00
City Westerville	State O H	Zip Code 43081	Form (Cash, Check, etc) check	
Full Name of Contributor The Ohio State University, Blankenship Hall, Room 2010			Registration Number, if PAC	
Street Address 901 Woody Hayes Drive	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 5,000.00
City Columbus	State O H	Zip Code 43210	Form (Cash, Check, etc) check	
Full Name of Contributor Christopher F Martin			Registration Number, if PAC	
Street Address 6432 Hermitage Dr	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 80.00
City Westerville	State O H	Zip Code 43082	Form (Cash, Check, etc) check	
Full Name of Contributor Richard W. Conner			Registration Number, if PAC	
Street Address 2067 Opal Lane	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 360.00
City Grove City	State O H	Zip Code 43123	Form (Cash, Check, etc) check	
Full Name of Contributor Ruth E. Dodge			Registration Number, if PAC	
Street Address 4801 Honeysuckle Blvd	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 40.00
City Gahanna	State O H	Zip Code 43230	Form (Cash, Check, etc) check	
Full Name of Contributor Michael C Ross			Registration Number, if PAC	
Street Address 391 Library Park South	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 80.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) check	
Full Name of Contributor Central Ohio Chapter Autism Society			Registration Number, if PAC	
Street Address 286 Weydon Rd.	Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 6	Amount 640.00
City Worthington	State O H	Zip Code 43220	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 \$ 6,360.00