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			
Susan Kerr Gibson							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1974 Wyandotte Rd	N/A			09	26	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43232		check			
Full Name of Contributor				Registration Number, if PAC			
Sally Harrington							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2555 Darwin Dr	N/A			09	26	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43085		check			
Full Name of Contributor				Registration Number, if PAC			
Catheryn L Rheinfrank							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
438 Rockbourne Dr	N/A			09	26	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Westerville	OH	43210		check			
Full Name of Contributor				Registration Number, if PAC			
James E Brown							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
6049 Sandgate Rd	N/A			09	26	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43219		check			
Full Name of Contributor				Registration Number, if PAC			
Franklin County Residential Services, Inc							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1021 Checkrein Avenue	N/A			09	26	13	10,000.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43229		check			
Full Name of Contributor				Registration Number, if PAC			
Colleen Ann Holloway							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1920 Suqulak Trail	N/A			09	26	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
London	OH	43140		check			
Full Name of Contributor				Registration Number, if PAC			
Stephanie L Blevins							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2540 Eastcleft Dr	N/A			09	26	13	40.00
City	State	Zip Code		Form (Cash, Check, etc)			
Upper Arlington	OH	43219		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 $ 10,240.00