

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Section of State 305

Name of Committee in Full		Registration Number, if PAC	
Citizens Committee for Persons with DD			
Full Name of Contributor Team Care Behavioral Health		Registration Number, if PAC	
Street Address 7852 Holderman Street	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 160.00
City Lewis Center	State Zip Code O H 43035	Form (Cash, Check, etc) check	
Full Name of Contributor Hyacinth L Macintosh		Registration Number, if PAC	
Street Address 4341 Shelbourne Ln	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 80.00
City Columbus	State Zip Code O H 43220	Form (Cash, Check, etc) check	
Full Name of Contributor Travis M Sherick		Registration Number, if PAC	
Street Address 17275 Allen Center	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 80.00
City Marvsville	State Zip Code O H 43040	Form (Cash, Check, etc) check	
Full Name of Contributor Dorothy Yeager		Registration Number, if PAC	
Street Address 3374 Column Drive	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 80.00
City Columbus	State Zip Code O H 43221	Form (Cash, Check, etc) check	
Full Name of Contributor Blaugrund Herbert Kessler Miller Myers & Postalakis Inc.		Registration Number, if PAC	
Street Address 300 West Wilson Bridge Rd Ste 100	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 2,000.00
City Worthington	State Zip Code O H 43085	Form (Cash, Check, etc) check	
Full Name of Contributor William J Rvan		Registration Number, if PAC	
Street Address 3538 Ventura Blvd	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 240.00
City Grove City	State Zip Code O H 43123	Form (Cash, Check, etc) check	
Full Name of Contributor Paula J Balcarcel		Registration Number, if PAC	
Street Address 3134 Northwest Blvd	Employer/Occupation/Labor Organization* N/A	M D Y 110 07 115	Amount 40.00
City Upper Arlington	State Zip Code O H 43221	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 \$ 2,680.00