

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Dorrian Committee					
Full Name of Contributor Nationwide Better Citizenship			Registration Number, if PAC OH 259		
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43215	Amount 500.00		Form(Cash,Check,etc) Check
Full Name of Contributor Warren W. Tyler			Registration Number, if PAC		
Street Address 3409 Seine St	Employer/Occupation/Labor Organization* Not Applicable		M 0	D 2	Y 0
City Columbus	State O	Zip Code 43221	Amount 250.00		Form(Cash,Check,etc) Check
Full Name of Contributor United Steelworkers of America			Registration Number, if PAC LA 766		
Street Address 777 Dearborn Park Ln STE J	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43085	Amount 500.00		Form(Cash,Check,etc) Check
Full Name of Contributor Carpenters Local Union No 200			Registration Number, if PAC LA 787		
Street Address 1545 Alum Creek Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43209	Amount 500.00		Form(Cash,Check,etc) Check
Full Name of Contributor Chester Wilcox & Saxbe			Registration Number, if PAC OH 843		
Street Address 65 E State St STE 1000	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43215	Amount 1,000.00		Form(Cash,Check,etc) Check
Full Name of Contributor Carlile, Patchen & Murphy LLP			Registration Number, if PAC		
Street Address 366 E Broad St	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 3
City Columbus	State O	Zip Code 43215	Amount 1,000.00		Form(Cash,Check,etc) Check
Full Name of Contributor Robert Reed			Registration Number, if PAC		
Street Address 52 Whittier St	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 2
City Columbus	State O	Zip Code 43206	Amount 150.00		Form(Cash,Check,etc) Check

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 3,900.00