

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens For Dorrian Committee</b>					
Full Name of Contributor <b>Ramona F. Pieplow</b>				Registration Number, if PAC	
Street Address <b>357 Betz Rd. N.W.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Lancaster</b>	State <b>O</b>	Zip Code <b>43130</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Emma Petrosky</b>				Registration Number, if PAC	
Street Address <b>92 N. James Rd.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Donald T. Plank</b>				Registration Number, if PAC	
Street Address <b>685 City Park Ave.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>James M. Mentel</b>				Registration Number, if PAC	
Street Address <b>653 Crescent Rd</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Thomas M. Isaacs</b>				Registration Number, if PAC	
Street Address <b>1197 Three Forks Dr. S.</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Westerville</b>	State <b>O</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Michael E. Sexton</b>				Registration Number, if PAC	
Street Address <b>9 Buttles Ave. Apt. 414</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Thomas J. Ayers</b>				Registration Number, if PAC	
Street Address <b>488 Clark State Rd.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>

\* 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 \$ 650.00