

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Dr. Anahi Ortix						
Full Name of Contributor Citizens for Dorrian Committee			Registration Number, if PAC			
Street Address 425 Dorrer Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 100.00
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Arcelis Rivera			Registration Number, if PAC			
Street Address 1821 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 50.00
City Columbus	State OH	Zip Code 43205	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Lovering			Registration Number, if PAC			
Street Address 7754 Arboretum Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 100.00
City New Albany	State OH	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor John C. Bell			Registration Number, if PAC			
Street Address 1932 W. 5th Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 50.00
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Denise A. Meine-Graham			Registration Number, if PAC			
Street Address 43 Dakota Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 100.00
City Columbus	State OH	Zip Code 43222	Form(Cash,Check,etc) Check			
Full Name of Contributor Balor for the Board			Registration Number, if PAC			
Street Address 575 W. 1st Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 25.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Marco Miller			Registration Number, if PAC			
Street Address 6293 Ballmer Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11	Amount 50.00
City Columbus	State OH	Zip Code 43110	Form(Cash,Check,etc) Cash			

* 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
1,145.00

Total expenditures this event
354.97

Page Total \$ **475.00**