

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

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Citizens For Dorrian Committee					
Full Name of Contributor				Registration Number, if PAC	
Andrea Kulesza Graves					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2103 Tamarin Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O   H	43235	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Virginia S. Van Camp					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2647 Schaaf Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O   H	43209	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Joan M. Ensign					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3600 Reed Rd. No. 4	N/A		0	8	1
City	State	Zip Code	Amount		
Columbus	O   H	43220	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Emily J. Gerwig					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1264 Woodbrook Cr. W.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O   H	43223	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Joseph D. Gibboney					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
110 Ironclad Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O   H	43213	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
James L. Moses					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
144 E. Columbus St.	N/A		0	8	2
City	State	Zip Code	Amount		
Canal Winchester	O   H	43110	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Mary B. Crawford					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
816 Plumtree Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O   H	43235	25.00		
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 \$ 175.00