

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 The Huntington Bancshares Incorporated				Registration Number, if PAC C00165589	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 2,500.00
Full Name of Contributor Nationwide Mutual Insurance Co				Registration Number, if PAC	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Silver Drive Partners				Registration Number, if PAC	
Street Address 150 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Cmage/ Cwa Local 4502				Registration Number, if PAC	
Street Address 1350 W 5th Ave Ste 300	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Carpenter Lipps & Leland LLP				Registration Number, if PAC	
Street Address 280 N High St Ste 1300	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Joshua Cox				Registration Number, if PAC	
Street Address 60 Sheffield Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Baker & Hostetler LLP				Registration Number, if PAC	
Street Address 3200 National City Center	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Cleveland	State O	Zip Code 44114	Form(Cash,Check,etc) Check		Amount 1,000.00

* 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 \$ 5,600.00