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Event Date)4/17/2013
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full Citizens for Dorrian Committee		Prescribed by Secre	ctary of State 3/05				
Full Name of Contributor	Name of Committee in Full		· ··-				
The Huntington Bancshares Incorporated Street Address Employer/Occupation/Labor Organization* O M D Y Amount O_1 M D Y Amount O_2 M D D D D D D D D D	Citizens for Dorrian Committee						
Employer/Occupation/Labor Organization*	Full Name of Contributor	Registration Number	, if PAC				
Employer/Occupation/Labor Organization*	The Huntington Bancshares Incorp	oorated	i		C00165589		
State			ion/Labor Organization*	M D	Y Amount		
State	41 S High St			0 4 1 2 1	3 2,500.00		
Fall Name of Contributor		State	Zip Code				
Fall Name of Contributor	Columbus	OH	43215	Check			
Street Address				Registration Number,	, if PAC		
Street Address							
State		Employer/Occupat	Employer/Occupation/Labor Organization*		M D Y Amount		
State	One Nationwide Plaza			0 4 0 5 1	1.000.00		
Registration Number, if PAC		State	Zip Code				
Registration Number, if PAC	Columbus	OH	43215	Check			
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Silver Drive Partners						
150 E Broad St		Employer/Occupat	tion/Labor Organization*	M D	Y Amount		
State Columbus Check C	150 E Broad St		Č	1014 112 1	13 250.00		
Columbus		State	Zip Code				
Full Name of Contributor	l			Check			
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	•				13 250.00		
Columbus Full Name of Contributor Carpenter Lipps & Leland LLP Street Address 280 N High St Ste 1300 City Columbus Full Name of Contributor Columbus Full Name of Contributor Joshua Cox Street Address Employer/Occupation/Labor Organization* O H 43212 Check Employer/Occupation/Labor Organization* O H Check Registration Number, if PAC Check Registration Number, if PAC Check Columbus Full Name of Contributor Joshua Cox Street Address Employer/Occupation/Labor Organization* O H City of Columbus Atty. City of Columbus Atty. City of Columbus Atty. Columbus Check City of Columbus Atty. City of Columbus Atty. Check Columbus Check Columbus Check City of Columbus Atty. City of Columbus Atty. Check Columbus Check Columbus Check City of Columbus Atty. Check Check Columbus Check Columbus Check City of Columbus Atty. Check Check Columbus Check Columbus Check Columbus Check Columbus Check Columbus Check Check Columbus Check Check							
Full Name of Contributor Carpenter Lipps & Leland LLP Street Address 280 N High St Ste 1300 City Columbus Full Name of Contributor Joshua Cox Street Address Employer/Occupation/Labor Organization* O H D Y Amount O 4 0 5 1 3 500.00 Form(Cash, Check, etc) Check Registration Number, if PAC Form(Cash, Check, etc) Check Registration Number, if PAC City of Columbus/Atty. O 4 1 6 1 3 100.00 City Columbus O H 43214 Check	. .		-	` · · · ·			
Street Address			10212		, if PAC		
Street Address	Carpenter Lipps & Leland LLP						
City State Zip Code Form(Cash, Check, etc.) Check		Employer/Occupa	tion/Labor Organization*	M D	Y Amount		
City State Zip Code Form(Cash, Check, etc.) Check	280 N High St Ste 1300	Attv's		0 4 0 5 1	13 500.00		
Columbus Full Name of Contributor Joshua Cox Street Address 60 Sheffield Rd City of Columbus/ Atty. City State Columbus Form(Cash,Check,etc) Columbus Check Registration Number, if PAC M D Y Amount O 4 1 6 1 3 100.00 Form(Cash,Check,etc) Columbus Check			Zip Code				
Full Name of Contributor Joshua Cox Street Address 60 Sheffield Rd City of Columbus / Atty. City Columbus O H 43214 Registration Number, if PAC Registration Number, if PAC Amount O 4 1 6 1 3 100.00 The Check	1 ·		1	Check			
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Tall Talle of Conditions		1 () 11	10211		if PAC		
Baker & Hostetler LLP OH 125			,				
Street Address Employer/Occupation/Labor Organization* M D Y Amount		Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount		
3200 National City Center 0 4 1 0 1 3 1,000.00		Z.mproyen Seeupa	Employer/Occupation/Duoor Organization		1		
City State Zip Code Form(Cash, Check, etc)		State	Zip Code				
Cleveland O H 44114 Check	1 <i>*</i>		•		en property of the second		
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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

^{*} 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)]