

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Julia L. Dorrian					
Full Name of Contributor Susan Tomasky				Registration Number, if PAC	
Street Address 90 Ashbourne Road	Employer/Occupation/Labor Organization* American Electric Power		M 0	D 9	Y 09
City Bexley	State O	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Edward P. Ferris				Registration Number, if PAC	
Street Address 1959 Collingswood Road	Employer/Occupation/Labor Organization* E.P. Ferris & Associates		M 0	D 9	Y 09
City Upper Arlington	State O	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Donald W. Kelley				Registration Number, if PAC	
Street Address 878 Fairway Blvd.	Employer/Occupation/Labor Organization* Donald Kelley & Associates		M 0	D 9	Y 09
City Columbus	State O	Zip Code 43213	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Christopher T. Cicero				Registration Number, if PAC	
Street Address 1308 W. Mound Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 09
City Columbus	State O	Zip Code 43223	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Anthony F. Mollica				Registration Number, if PAC	
Street Address Box 20326, 1601 Bethel Road	Employer/Occupation/Labor Organization* Real Estate Consultant		M 0	D 9	Y 09
City Columbus	State O	Zip Code 43220	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Paul T. Khoury				Registration Number, if PAC	
Street Address 704 Neil Avenue	Employer/Occupation/Labor Organization* Attorney, City of Columbus		M 0	D 9	Y 09
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Rocco A. Eramo				Registration Number, if PAC	
Street Address 3670 Lacon Road	Employer/Occupation/Labor Organization* Eramo & Sons, Inc.		M 0	D 9	Y 09
City Hilliard	State O	Zip Code 43026	Form (Cash, Check, etc) Check		Amount 100.00

* 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 \$ 1,150.00