

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Dorrian Committee				
Full Name of Contributor A Michael Schwarzwaldner			Registration Number, if PAC	
Street Address 357 Whubbard Ave	Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard A Cordray			Registration Number, if PAC	
Street Address 4900 Grove City Rd.	Employer/Occupation/Labor Organization* Franklin County		M D Y 0 1 2 7 0 5	Amount 250.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Otto Beatty Jr			Registration Number, if PAC	
Street Address 233 S High St.	Employer/Occupation/Labor Organization* Real Estate		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerome E Friedman			Registration Number, if PAC	
Street Address 213 E Oakland Ave	Employer/Occupation/Labor Organization* Ohio State University		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Brunner Firm Co LPA			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Committee For Judge Schneider			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization* 		M D Y 0 1 2 4 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor James Mentel			Registration Number, if PAC	
Street Address 653 Crescent Rd	Employer/Occupation/Labor Organization* Not Applicable		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 1,750.00