

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 Bricker & Eckler LLP				Registration Number, if PAC OH821	
Street Address 100 s Third St	Employer/Occupation/Labor Organization* .		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Frank Ray				Registration Number, if PAC	
Street Address 2030 Tremont St	Employer/Occupation/Labor Organization* Self/ LPA		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Larry Hotchkiss				Registration Number, if PAC	
Street Address 1241 Dublin Rd	Employer/Occupation/Labor Organization* Self/ LPA		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert Jeffrey				Registration Number, if PAC	
Street Address 88 E Broad St STE1400	Employer/Occupation/Labor Organization* The Jeffrey Company		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 Edward P Ferris				Registration Number, if PAC	
Street Address 1959 Collingswood Rd	Employer/Occupation/Labor Organization* EP Ferris & Associates		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Porter Wright (Rob Meyer)				Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization* Porter Wright/ Atty.		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Ty Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization* Self / Business Consulant		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 250.00

* 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 \$ 2,750.00