09-01-09
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	etary of state 5705			MINISTER STREET			
Name of Committee in Full								
Citizens for Julia L. Dorrian					:CD40			
Full Name of Contributor				Registration Number, if PAC \$250 in current or prev. 6 years)				
Christopher J. Minnillo (Ct appointed	. Minnillo (Ct appointee rec'g agg. comp in excess of						o years)	
Street Address	Employer/Occupation/Labor Organization*			D		Amount	100.00	
1500 W. Third Ave., Suite 210	Attorney; lawfirm		0 9	0 1	0.9		100.00	
City		Zip Code		sh,Check,				
Columbus	OH	43212		Check				
Full Name of Contributor		_	Registration Number, if PAC \$250 in current or prev. 6 years)					
Blaise Baker (Court appointee rece	eiving agg.						6 years)	
Street Address	Employer/Occupation/Labor Organization*		М	D	9	Amount	400.00	
600 S. High Street, Suite 201	Attorney	; lawfirm	0:9	0 -	0:9		100.00	
City		Zip Code	1	sh,Check,				
Columbus	OH	43215		Check				
Full Name of Contributor				ion Numb	er, if PAG	C		
Vorys, Sater, Seymour and Pease LLP			OH1			,		
Street Address	Employer/Occupa	tion/Labor Organization*	М	D	Υ	Amount		
52 E. Gay St., P.O. Box 1008	Lawfirm						1,000.00	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
Columbus	OH	43215		Check	ζ			
Full Name of Contributor	abadada da anamana		Registra	tion Numb	oer, if PA	С		
Donald F. Kelch, Jr.								
Street Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount		
5216 Dierker Road		; lawfirm	0 9	0 1	0 9		100.00	
City	State	Zip Code		ash,Check	,etc)			
1 1	OH	43220		Check				
Columbus 10 H is a control Number of DAC								
Full Name of Contributor  Vally, Linea Storay (Ct appointee rec	reiving agg	. comp in excess of	f   \$250	in cu	rrent	or prev.	6 years)	
Kelly Jines-Storey (Ct appointee rec	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
	Attorney; lawfirm		0 9	0 1	0.9		100.00	
707 Tree Bend Ct.	State	Zip Code		ash,Check				
City		43082		Checl				
Westerville	OH	10002		ation Num	*************	\C		
Full Name of Contributor			1					
Steven Larson	Employer/Occup	ation/Labor Organization*	M	l D	ΤΥ	Amount		
Street Address	Employer/Occupation/Labor Organization* Attorney; lawfirm			0 1	1	H .	100.00	
283 S. 3rd Street	State	Zip Code		ash, Check			200.00	
City		43215	1 0(0	Chec				
Columbus	<u>loh</u>	1 10410	Registr	non-necounteren automotion	MATERIAL PROPERTY OF THE PARTY	A.C.		
Full Name of Contributor Registration Number, if PAC								
David Goldstein	TE 1. 70	ation/Lohor Organization*	M	I D	ΙΥ	Amount		
Street Address	Employer/Occupation/Labor Organization*			i	1	8	200.00	
150 S. Roosevelt	Attorney; lawfirm		0 9 0 1 0 9 Form(Cash,Check,etc)			J.	۵۰۰۰۰	
City	State	Zip Code	rorm(C	Chec				
Bexley	OH	43209		Cnec	K			

Fill in the boxes below only on the	last page for this event.
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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	
Total Continuations and		Page Total \$ 1,700.00
		- Strategic Control of the Strategic Control o

<sup>\*</sup> 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)]