

Event Date	09-01-09
Page	2

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 Christopher J. Minnillo (Ct appointee rec'g agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 1500 W. Third Ave., Suite 210	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Blaise Baker (Court appointee receiving agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 600 S. High Street, Suite 201	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Vorys, Sater, Seymour and Pease LLP				Registration Number, if PAC OH109	
Street Address 52 E. Gay St., P.O. Box 1008	Employer/Occupation/Labor Organization* Lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Donald F. Kelch, Jr.				Registration Number, if PAC	
Street Address 5216 Dierker Road	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kelly Jines-Storey (Ct appointee receiving agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 707 Tree Bend Ct.	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 283 S. 3rd Street	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David Goldstein				Registration Number, if PAC	
Street Address 150 S. Roosevelt	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 200.00

* 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 \$ 1,700.00