Event Date	10.07.09
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed b	y Secre	etary of State 3/05					
Name of Committee in Full		and the second s						
Citizens for Julia L. Dorrian								
Full Name of Contributor	F			Registration Number, if PAC				
Andrew C. Emerson						·		
Street Address			ion/Labor Organization*	М	D	Y	Amount	400.00
1475 Kingsgate Road	Porte		right, Morris & A					100.00
City	State	1	Zip Code	i	sh,Check			
Upper Arlington	0	$H \mid$	43221		Checl			
Full Name of Contributor				Registrat	tion Num	ber, if PA	С	
Porter, Wright, Morris & Arthur LLP					y	·		
Street Address	1 ' '		tion/Labor Organization*	М	D		Amount	• • • • • • •
41 South High Street	Law	Firn	n		0 7			200.00
City	State		Zip Code		ish,Check			
Columbus	0	H	43215	1	Chec:	ANNO PROPERTY AND		
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Mary K. Fenlon							<u>. </u>	
Street Address	Employer/C	Оссира	tion/Labor Organization*	М	D	Y	Amount	
85 Cressingham Lane	AT&	Τ		1 0				50.00
City	State		Zip Code		ash,Chec			
Powell	0	Н	43065	Accompany open constru	Chec			
Full Name of Contributor		ong tops and the con-		Registra	ition Nun	ber, if PA	\C	
Karen Held Phipps				}				
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
4333 Reed Road	Kare	n H	eld Phipps LLC	1 0	0.7	0 9		50.00
City	State	2	Zip Code	Form(C	ash,Chec			
Columbus	O H 43220			Casl	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Full Name of Contributor	// September 1			Registra	ation Nun	nber, if PA	AC .	
Iames D. Abrams								
Street Address	Employer/	Employer/Occupation/Labor Organization*			D	Y	Amount	
7643 Goodrich Square, S.	Ches	Chester, Willcox & Saxbe			0 7			100.00
City	State Zip Code		1	Form(Cash,Check,etc)				
New Albany	O H 43054			Check				
Full Name of Contributor		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Registra	ation Nur	nber, if PA	4C	
Robin L. Strohm								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
266 W. Kenworth Road	Charles T. Williams Esq.			1 0	0 7	0 9		50.00
City	Stat	e	Zip Code	Form(C	ash,Chec			
Columbus	0	H	43214		Chec	THE RESIDENCE OF THE PARTY OF T		
Full Name of Contributor				Registr	ation Nu	mber, if Pa	AC	
Terrence A. Grady								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
369 S. Roosevelt Road	Terrence A. Grady & Assoc			d 1 ($0 \ 0 \ 7$	7 0 9		150.00
City	State Zip Code			Form(Cash,Check,etc)				
Columbus		Н	43209		Che	ck		

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 700.00

^{*} 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)]