

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 William D. Dargusch				Registration Number, if PAC	
Street Address 2120 E. Broad Street	Employer/Occupation/Labor Organization* Metropolitan Partners LLC		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Christie Angel				Registration Number, if PAC	
Street Address 206 Beck Street	Employer/Occupation/Labor Organization* Sean P. Dunn & Associates		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Jeffrey Poth				Registration Number, if PAC	
Street Address 1771 Cambridge Blvd.	Employer/Occupation/Labor Organization* Jeffrey M. Poth, Attorney at Law		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Nelson M. Reid				Registration Number, if PAC	
Street Address 8252 Spruce Needle Ct.	Employer/Occupation/Labor Organization* Bricker & Eckler		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 400.00
Full Name of Contributor Daniel J. Gunsett				Registration Number, if PAC	
Street Address 847 Robbins Way	Employer/Occupation/Labor Organization* Baker & Hostetler		M 0	D 1	Y 3
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Murray Murphy Moul & Basil LLP				Registration Number, if PAC	
Street Address 1533 Lakeshore Dr.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Kerry Thomas Boyle				Registration Number, if PAC	
Street Address 1959 Wickford Road	Employer/Occupation/Labor Organization* Wiles, Boyle, Burkholder & Associates		M 0	D 1	Y 3
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 1,600.00