

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Dorrian Committee				
Full Name of Contributor Mary S. Duffey			Registration Number, if PAC	
Street Address 4740 Hayen Run Rd	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 1 2 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Meyer			Registration Number, if PAC	
Street Address 1520 Arlington Ave NW	Employer/Occupation/Labor Organization* State of Ohio		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Wiles Boyle Burkholder & Bringardner			Registration Number, if PAC	
Street Address 115 W Main St	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Paula L Brooks			Registration Number, if PAC	
Street Address 4585 Benderton Ct	Employer/Occupation/Labor Organization* Franklin County		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Ty Marsh			Registration Number, if PAC	
Street Address 190 Rustic Pl.	Employer/Occupation/Labor Organization* Chamber of Commerce		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Gideon Development Partners			Registration Number, if PAC	
Street Address 411 E Town st	Employer/Occupation/Labor Organization* Developers		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor William E Poteet			Registration Number, if PAC	
Street Address 171 Clinton Heights Ave	Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 1,750.00