

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor Virginia C. Price				Registration Number, if PAC	
Street Address 420a Alexandra Colony, E.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 5 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Helen M. Vanhedye				Registration Number, if PAC	
Street Address 775 E. Johnstown Rd. Unit 112		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 25.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Esther Jo Stein				Registration Number, if PAC	
Street Address 5785 Bastille Pl.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 7 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43213		Form(Cash,Check,etc) Check	
Full Name of Contributor Martha Sullivan				Registration Number, if PAC	
Street Address 2873 Ashby Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor John E. Dorrian				Registration Number, if PAC	
Street Address 175 Delhi Ct. Apt. D		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) Check	
Full Name of Contributor E. A. Cuticchia				Registration Number, if PAC	
Street Address 645 Neil Ave. Apt 823		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 0 8 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Anna Marie Robinson				Registration Number, if PAC	
Street Address 2825 Neil Ave. Apt. 718		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 25.00
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, 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 \$ 250.00