3	1-	E			
R.	C.	35	17.	10	B

Event Date	01/27/05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01					
Name of Committee in Full							
Citizens for Dorrian Committee							
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Guy Amicon	· · · · · · · · · · · · · · · · · · ·		4			,	
Street Address	1	ation/Labor Organization*	M	D	Y	Amount	050.00
6005 Alkire Rd		Columbus		1 0			250.00
City	State	Zip Code	1 '	sh,Check			
Columbus	0 H	43119		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	•
Richard Pfeiffer Jr.							
Street Address		ation/Labor Organization*	M	D	Y	Amount	
238 E. Royal Forest		Columbus	0 1				250.00
City	State	Zip Code		sh,Check			
Columbus	O H	43214		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Thomas Isaacs				· · · · · ·			
Street Address		ation/Labor Organization*	M	D	Y	Amount	
1197 Three Forks Dr.		Columbus	0 1				100.00
City	State	Zip Code		sh,Check			
Westerville	O H	43081	1_	Chec			
Full Name of Contributor			Registra	tion Num	ber, if PA	C .	
Don L. Brown							
Street Address		ation/Labor Organization*	M	D	Y	Amount	
3921 Lytham Ct.	Brown &	& Co CPA LLC		1 0			250.00
City	State	Zip Code		ish,Check			
Upper Arlington	OH	43220		Chec!			
Full Name of Contributor			Registra	tion Num	ber, if PA	'C	
Robert Jeffrey							
Street Address		oation/Labor Organization*	M	D	Y	Amount	
296 Ashbourne Pl.	Jeffery C			1 1			250.00
City	State	Zip Code	4	ash,Checl			
Columbus	OH	43209		Chec.			
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
Thomas J. Ayers							
Street Address	1	oation/Labor Organization*	M	D	Y	Amount	
488 Clark State Rd	Not App	plicable		1 2			250.00
City	State	Zip Code	` `	ash,Checl	* · *		
Gahanna	$O \mid H$	43230		Chec.	k		
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Robert J. Weiler						<u></u>	
Street Address	1 ' '	oation/Labor Organization*	M	D	Y	Amount	
41 S High St Ste 2250		ert Weiler Co.		1 3			250.00
City	State	Zip Code	,	ash,Check			
Columbus	$O \mid H$	43215		Chec:	<u>k</u>		

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.

			V
Total contributions this event	Total expenditures this event	· 	
			Page Total \$ 1.600.00

^{*} 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)]