

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 Tyack Blackmore & Liston Co., LPA				Registration Number, if PAC	
Street Address 536 South High Street		Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 0 9	Amount 250.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Darius N. Kandawalla				Registration Number, if PAC	
Street Address 228 W. Hubbard Avenue		Employer/Occupation/Labor Organization* Bailey Cavalieri LLC		M D Y 0 1 3 0 0 9	Amount 575.00
City Columbus	State OH	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor Jack D'Aurora				Registration Number, if PAC	
Street Address 501 S. High Street		Employer/Occupation/Labor Organization* Luper Neidenthal & Logan		M D Y 0 1 3 0 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43054		Form(Cash,Check,etc) Check	
Full Name of Contributor Carpenter Lipps & Leland				Registration Number, if PAC	
Street Address 280 Plaza, Suite 1300		Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 0 9	Amount 250.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Grange Mutual Casualty Company Ohio PAC				Registration Number, if PAC CP677	
Street Address 650 S. Front Street		Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 0 9	Amount 250.00
City Columbus	State OH	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Jill K. Tangeman				Registration Number, if PAC	
Street Address 1138 Sea Shell Dr.		Employer/Occupation/Labor Organization* Vorys, Sater, Seymour & Pe		M D Y 0 1 3 0 0 9	Amount 250.00
City Westerville	State OH	Zip Code 43082		Form(Cash,Check,etc) Check	
Full Name of Contributor Law Office of Jeffrey H. Jordan				Registration Number, if PAC	
Street Address PO Box 30863		Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 0 9	Amount 100.00
City Gahanna	State OH	Zip Code 43230		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 \$ 1,775.00