

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 Sally W. Bloomfield | | | Registration Number, if PAC | | | |
| Street Address 3741 Romnay Rd | Employer/Occupation/Labor Organization* Bricker & Eckler LLP | | M 0 | D 1 | Y 7 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43220 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Gregory M Howard | | | Registration Number, if PAC | | | |
| Street Address 3540 Aaron Dr. | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 1 | Y 9 | Amount 20.00 |
| City Columbus | State O | Zip Code H 43228 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Thomas Kaplin | | | Registration Number, if PAC | | | |
| Street Address 207 E Desj;er Ave/ | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 8 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor William Faith | | | Registration Number, if PAC | | | |
| Street Address 340 Clinton Heights Ave | Employer/Occupation/Labor Organization* Collation Homeless Housin | | M 0 | D 1 | Y 5 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43202 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Frank J Cipriano | | | Registration Number, if PAC | | | |
| Street Address 39 E Whitter St | Employer/Occupation/Labor Organization* Intrust Land Development | | M 0 | D 1 | Y 1 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor John C Rosenberger | | | Registration Number, if PAC | | | |
| Street Address 804 City Park Ave | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 6 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Plumbers & Pipefitters L.U. 189 | | | Registration Number, if PAC #6220 | | | |
| Street Address 1250 Kinnear Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 8 | Amount 500.00 |
| City Columbus | State O | Zip Code H 43212 | 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 \$ **1,770.00**