

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 Michael D Long			Registration Number, if PAC		
Street Address 5588 Morgan Ct	Employer/Occupation/Labor Organization* SWACO	M 0	D 1	Y 2	Amount 250.00
City Groveport	State O	H H	Zip Code 43125	Form(Cash,Check,etc) Check	
Full Name of Contributor Dennis Schwallie			Registration Number, if PAC		
Street Address 8955 Easton Dr	Employer/Occupation/Labor Organization* Attorney	M 0	D 1	Y 2	Amount 250.00
City Pickerington	State O	H H	Zip Code 43147	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Figley			Registration Number, if PAC		
Street Address 761 S Third St	Employer/Occupation/Labor Organization* N/A	M 0	D 1	Y 2	Amount 50.00
City Columbus	State O	H H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Edward J Leonard			Registration Number, if PAC		
Street Address 4025 Berry Bush Dr	Employer/Occupation/Labor Organization* Franklin County	M 0	D 1	Y 2	Amount 125.00
City Columbus	State O	H H	Zip Code 43020	Form(Cash,Check,etc) Check	
Full Name of Contributor Raj Rajdhyaaksha			Registration Number, if PAC		
Street Address 270 Valley Run Pl	Employer/Occupation/Labor Organization* Hetzler DLZ	M 0	D 1	Y 2	Amount 500.00
City Powell	State O	H H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Julia L. Dorrian			Registration Number, if PAC		
Street Address 130 Northridge Rd	Employer/Occupation/Labor Organization* Judge	M 0	D 1	Y 2	Amount 500.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Bradford M Sprague			Registration Number, if PAC		
Street Address 1636 Sherborne Ln	Employer/Occupation/Labor Organization* Bond Consultant	M 0	D 1	Y 2	Amount 250.00
City Powell	State O	H H	Zip Code 43065	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 \$ 1,925.00