

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 Colleen M. Lee				Registration Number, if PAC	
Street Address 3498 Gateway Lakes Dr.	Employer/Occupation/Labor Organization* St. Anns/ Nutritionist		M 1	D 1	Y 1
City Grove City	State O	Zip Code H 43123	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor FOP Political Education Fund				Registration Number, if PAC LA-198	
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*		M 1	D 1	Y 1
City Columbus	State O	Zip Code H 43229	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James J Ryan				Registration Number, if PAC	
Street Address 4333 Sharon Ave	Employer/Occupation/Labor Organization* Restaurateur		M 1	D 1	Y 1
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Susan Ashbrook				Registration Number, if PAC	
Street Address 2994 Crescent Dr	Employer/Occupation/Labor Organization* Columbus/Public Utilit		M 1	D 2	Y 1
City Columbus	State O	Zip Code H 43204	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor David Irwin				Registration Number, if PAC	
Street Address 333 S Roosevelt Ave	Employer/Occupation/Labor Organization* Columbus/Sinking Fund		M 1	D 2	Y 1
City Columbus	State O	Zip Code H	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Paul Coleman				Registration Number, if PAC	
Street Address 1299 Haddon rd	Employer/Occupation/Labor Organization* Attorney		M 1	D 2	Y 1
City Columbus	State O	Zip Code H 43209	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Napoleon Bell II				Registration Number, if PAC	
Street Address 1975 Sunbury Rd	Employer/Occupation/Labor Organization* Columbus/Director		M 1	D 2	Y 1
City Columbus	State O	Zip Code H	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 425.00