

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 Dewey Stokes				Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization* Retired		M 11	D 02	Y 113
City Columbus	State O H	Zip Code	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Lynn Vincent				Registration Number, if PAC	
Street Address 1204 Northwest Blvd	Employer/Occupation/Labor Organization* Retired		M 11	D 02	Y 113
City Columbus	State O H	Zip Code	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John Sumner				Registration Number, if PAC	
Street Address 2099 Haverford Rd	Employer/Occupation/Labor Organization* Columbus/ City Atty.		M 11	D 02	Y 113
City Columbus	State O H	Zip Code 43320	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Greg Davies				Registration Number, if PAC	
Street Address 2646 Brandon rd	Employer/Occupation/Labor Organization* Columbus/ Director		M 11	D 02	Y 113
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Wm Eric Bishoff				Registration Number, if PAC	
Street Address 2902 Braden Way	Employer/Occupation/Labor Organization* Bishoff Financial/CEO		M 11	D 02	Y 113
City Blacklick	State O H	Zip Code 43004	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Brian C McDaniel				Registration Number, if PAC	
Street Address 425 Derrer Rd	Employer/Occupation/Labor Organization* MoreSteam /Engineer		M 11	D 02	Y 113
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas Isaacs				Registration Number, if PAC	
Street Address 1197 Three Forks Dr S	Employer/Occupation/Labor Organization* Retired		M 11	D 02	Y 113
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 650.00