

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Dorrian Committee</b>						
Full Name of Contributor <b>Doald W Kelley</b>			Registration Number, if PAC			
Street Address <b>878 fairway Blvd</b>	Employer/Occupation/Labor Organization* <b>Donald Kelley and Assoc</b>		M <b>0</b>	D <b>4</b>	Y <b>13</b>	Amount <b>1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Robert Weiler</b>			Registration Number, if PAC			
Street Address <b>10 N High St STE 401</b>	Employer/Occupation/Labor Organization* <b>Robert Weiler Company</b>		M <b>0</b>	D <b>4</b>	Y <b>13</b>	Amount <b>1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Squire Sanders &amp; Dempsey L.L.P Pac</b>			Registration Number, if PAC <b>CO0444935</b>			
Street Address <b>1201 Pennsylvania Ave NW</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>13</b>	Amount <b>250.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Christipher Soteriades</b>			Registration Number, if PAC			
Street Address <b>811 Northwest Blvd.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>13</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>United Steelworkers</b>			Registration Number, if PAC <b>LA 766</b>			
Street Address <b>777 Dearborn Park Ln Ste J</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>13</b>	Amount <b>1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Smith and Hale</b>			Registration Number, if PAC			
Street Address <b>37 W Broad St</b>	Employer/Occupation/Labor Organization* <b>Jeff Brown Atty</b>		M <b>0</b>	D <b>5</b>	Y <b>13</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M <b> </b>	D <b> </b>	Y <b> </b>	Amount
City	State <b> </b>	Zip Code	Form(Cash,Check,etc)			

\* 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

**6,250.00**

Total expenditures this event

Page Total \$ **3,550.00**