

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Julia L. Dorrian					
Full Name of Contributor Jon J. Saia (Ct appointee receiving agg. compensation in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 713 S. Front St.	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David C. Young (Ct appointee receiving agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 495 S. High St., Ste. 400	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Nicholas E. Vassy				Registration Number, if PAC	
Street Address 555 S. Third Street	Employer/Occupation/Labor Organization* Dye Law Office		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Gerald T. Noel, Jr.				Registration Number, if PAC	
Street Address 857 South High Street	Employer/Occupation/Labor Organization* Gerald T. Noel, Jr. Co. LPA		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Ross & Midian (Ct appointee rec'g agg. compensation in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 577 South High Street	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Joseph R. Landusky II (Ct appointee rec'g agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 901 South High Street	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Bertha Duran (Ct appointee rec'g agg. compensation in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 786 S. Front St	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43206	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 \$ 800.00