Event Date	09-01-09
Page	3

Statement of Contributions Received at a Social or Fundraising Event

4	Prescribed by Secre	trary or state 5705		***************************************			1
Name of Committee in Full							Serving Control
Citizens for Julia L. Dorrian			D		:CDA		
Full Name of Contributor		ı		Registration Number, if PAC \$250 in current or prev. 6 years)			
						or prev. c	years)
0.1.00.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Employer/Occupation/Labor Organization*		М	D		Amount	100.00
713 S. Front St.	Attorney		0 9	0 1	0 9		100.00
City		Zip Code		sh,Check			
Columbus	OH 43206			Check Registration Number, if PAC			
Full Name of Contributor							
David C. Young (Ct appointee rece	iving agg. comp in excess of		\$250 in current or prev. 6 years)				
et Address Employer/Occupation/Labor Organization*		М	D	1 1	Amount	100.00	
495 S. High St., Ste. 400	Attorney	·	0 9	0 1	0:9		100.00
City	State	Zip Code	i `	sh,Check			100
Columbus	OH	43215	I	Checl	· ·		
Full Name of Contributor			Registrat	ion Num	ber, if PA	iC	
Nicholas E. Vassy				,	· · · · · · · · · · · · · · · · · · ·	Y	
Street Address		tion/Labor Organization*	M	D	Y	Amount	100.00
555 S. Third Street	Dye Law		0:9	0 1			100.00
City	State	Zip Code	Form(Ca	sh,Check			
Columbus	OH	43215		Cash			
Full Name of Contributor			Registration Number, if PAC				
Gerald T. Noel, Jr.			<u> </u>	·			
Street Address		tion/Labor Organization*	М	D	Y	Amount	100.00
857 South High Street	Gerald T	. Noel, Jr. Co. LPA	0 9				100.00
City	State	Zip Code	Form(C	ash,Checl			
Columbus	OH	43206	Cash				
Full Name of Contributor			Registration Number, if PAC				
Ross & Midian (Ct appointee rec'g ag	gg. compen	sation in excess of	f \$250 in current or prev. 6 years)			6 years)	
Street Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount	400.00
577 South High Street	Attorney	y; lawfirm	0 9	1			100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH.	43215		Chec			
Full Name of Contributor			Registration Number, if PAC				
Joseph R. Landusky II (Ct appointed	e rec'g agg.	comp in excess of				or prev.	6 years)
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	
901 South High Street	Attorney	; lawfirm	0.9				200.00
City	State	Zip Code	1	ash,Chec			
Columbus	OH 43206		Check				
Full Name of Contributor			Registration Number, if PAC				
Bertha Duran (Ct appointee rec'g ag	g. compensation in excess of		\$250	in cu		or prev.	6 years)
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
786 S. Front St	Attorney; lawfirm		0 9	0 1	0 9)	100.00
City	State Zip Code		Form(Cash,Check,etc)				10.00
Columbus	ОН	43206		Chec	:k		
COLUITORO			Carry of Salar				

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
j		

^{*} 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)]