

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 William P. Demora				Registration Number, if PAC	
Street Address 100 Warren St.		Employer/Occupation/Labor Organization* N/A		M D Y 0 6 2 9 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Eleanor Fox					
Street Address 245 E. Dominion Blvd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 1 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Catherine E. Kramer					
Street Address 4064 W. National Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 3 0 5	Amount 15.00
City Springfield		State O H	Zip Code 45504	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Pulsinelli					
Street Address 2681 Shewsbury		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 3 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Nora P. Dorrian					
Street Address 523 S. 5th St.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas W. Slemmer					
Street Address 2440 Buckley Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 1 4 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Van J. Ambrose					
Street Address 416 Olympia Fields Ct.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 2 0 5	Amount 25.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check	

* 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

1,880.00

Total expenditures this event

Page Total \$ 190.00