3	1-	E			
R.	C.	351	7.	100	B

Event Date	08/26/05
Page	7

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full							
Citizens For Dorrian Committee							·
Full Name of Contributor				Registration Number, if PAC			
Helen McDaniel							
Street Address	1	pation/Labor Organization*	M	D	Y	Amount	F0 00
419 Derrer Rd.	N/A		0 8		0 5		50.00
City	State	Zip Code		sh,Check			
Columbus Full Name of Contributor	O H	43204		Checl			
			Kegistra	tion Num	ber, II PA		
Richard J. Ryan Street Address	Employer/Occur	antion// abor Organization*	M	D	Y	Amount	
1452 Ironwood Dr.	1	Employer/Occupation/Labor Organization*		0 8 2 6 0 5 50.00			
City	State	N/A State Zip Code		U 8 2 6 U 5 50.00 Form(Cash,Check,etc)			
Columbus	OH	43229		Checl			
Full Name of Contributor		1 10447		tion Num		C	
David Robinson					,		
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
130 Northridge Rd.	' '	Attorney		2 6	015		100.00
City	State	Zip Code		ash,Check			
Columbus	$O \mid H$	'		Cash			
Full Name of Contributor			Registra	tion Num	ber, if PA	'C	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
	•						
City	State	Zip Code	Form(C	ash,Check	c,etc)		
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
				<u> </u>			
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
	<u> </u>						
Full Name of Contributor			Registra	ition Num	iber, if PA	AC .	
G All	IF 1 (0	7.1.0	M	D	ΙΥ	Amount	
Street Address	Employer/Occu	pation/Labor Organization*	M		Y	Amount	
City	State	Zip Code	Form(C	ash,Checl	k etc)		
City	State	Zip Code	rounce	asii,Cileci	κ,εισ)		
Full Name of Contributor			Registra	ition Num	ber if PA	VC.	
i an ivalie of contributor			Rogisur	illon I tuin	1001, 11 1 7		
Street Address	Employer/Occu	pation/Labor Organization*		T D	Y	Amount	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
			'	,	. ,		
	· <u>I</u> !						

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 \$	200.00
	l ·			

^{*} 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)]