

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>				
Full Name of Contributor <b>Ben Zox</b>			Registration Number, if PAC	
Street Address <b>250 W Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   1   2   7   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John Gilligan</b>			Registration Number, if PAC	
Street Address <b>250 W Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   1   2   7   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jim Davidson</b>			Registration Number, if PAC	
Street Address <b>250 W Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   1   2   7   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richard Barnhart</b>			Registration Number, if PAC	
Street Address <b>250 W Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   1   2   7   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>William Nolan</b>			Registration Number, if PAC	
Street Address <b>175 Cressingham</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   2   0   2   0   5</b>	Amount <b>250.00</b>
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richard Rubenstein</b>			Registration Number, if PAC	
Street Address <b>5419 Nelsonia Pl</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   2   0   2   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lewis R Smoot Sr</b>			Registration Number, if PAC	
Street Address <b>3919 sunbury Rd</b>	Employer/Occupation/Labor Organization* <b>The Smoot Corp.</b>		M   D   Y <b>0   2   0   8   0   5</b>	Amount <b>1,000.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>Check</b>	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 2,500.00