

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 Susan E. Boyle				Registration Number, if PAC	
Street Address 1225 Brittany Lane		Employer/Occupation/Labor Organization* Unemployed		M 0	D 1
City Columbus		State OH	Zip Code 43220	Y 3	Amount 100.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Chester Willcox & Saxbe Good Government Fund				Registration Number, if PAC OH843	
Street Address 65 E. State Street, Ste. 1000		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount 500.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Porter, Wright, Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount 250.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 S. Front St., Ste. 1200		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount 1,000.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount

* 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

13,625.00

Total expenditures this event

717.36

Page Total \$ 1,850.00