Event Date	01.30.09
Page	7

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05						
Name of Committee in Full								
Citizens for Julia L. Dorrian					610/48500000000000000000000000000000000000			
Full Name of Contributor				Registration Number, if PAC				
Susan E. Boyle					·			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00	
1225 Brittany Lane	Unemp		0 1		0 9		100.00	
City	State	Zip Code		sh,Check				
Columbus	LOH	43220		Checl	s ber, if PA			
Full Name of Contributor	. 17	.1			ber, ii PA	C		
Chester Willcox & Saxbe Good Govern	e Good Government Fund			OH843				
Street Address	Employer/Occupation/Labor Organization*		$\begin{vmatrix} M \\ 0 \end{vmatrix} 1$	i	0 9	Amount	500.00	
65 E. State Street, Ste. 1000	State		sh,Check			300.00		
Calcaralana	1	Zip Code 43215	,	Checl	. ,			
Columbus Full Name of Contributor	OH	70410		THE PERSONAL PROPERTY OF THE PERSONAL PROPERTY	ber, if PA	C		
			IXV61311 a		001, 11 1 /1	~		
Porter, Wright, Morris & Arthur LLP Street Address	Employer/Occu	pation/Labor Organization*	H _M	D	ΙΥ	Amount	······································	
41 South High Street	Zimpioyen occu	panou baoor Organization	0 1	ł .	0 9		250.00	
City City	State	Zip Code		sh,Check			200:00	
Columbus	OH	43215	1 '	Checl				
Full Name of Contributor			CONTRACTOR DE LA CONTRA	VOICE STATE OF THE PARTY OF THE	ber, if PA	C		
Crabbe, Brown & James					ĺ			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
500 S. Front St., Ste. 1200			0 1	3 0	019		1,000.00	
City	State	Zip Code		ish,Checl	c,etc)			
Columbus	OH	43215		Check				
Full Name of Contributor	and a declarate size of the second		Registra	tion Num	ber, if PA	.C		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
<u>8</u>								
City	State	Zip Code	Form(C	sh,Checl	k,etc)		10.36	

Full Name of Contributor			Registra	tion Num	ber, if PA	ıC		
						·····		
Street Address	Employer/Occi	ipation/Labor Organization*	M	D	Y	Amount	·	
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name of Contributor	-		Registra	tion Num	ber, if PA	AC .		
					1	T .		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
						<u></u>		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	1.850.00
13.625.00	717.36		

^{*} 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)]