

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 Michael Brown				Registration Number, if PAC	
Street Address 1142 Pennsylvania Ave	Employer/Occupation/Labor Organization* Experience Columbus		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43201	H 1	Amount 250.00	Form(Cash,Check,etc) Check
Full Name of Contributor John Rosenberger				Registration Number, if PAC	
Street Address 885 S Pearl St	Employer/Occupation/Labor Organization* Atty.		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43206	H 1	Amount 500.00	Form(Cash,Check,etc) Check
Full Name of Contributor Michael Stickney				Registration Number, if PAC	
Street Address P.O. Box 2581	Employer/Occupation/Labor Organization* Northsteppe Realty/Prin		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43216	H 1	Amount 250.00	Form(Cash,Check,etc) Check
Full Name of Contributor Richard Pfeiffer				Registration Number, if PAC	
Street Address 238 E Royal Forest Blvd	Employer/Occupation/Labor Organization* City of Columbus/ Atty		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43214	H 1	Amount 250.00	Form(Cash,Check,etc) Check
Full Name of Contributor Scott E Elisar				Registration Number, if PAC	
Street Address 119 S Admore Rd	Employer/Occupation/Labor Organization* McNees, Wallace/ Atty		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43209	H 1	Amount 250.00	Form(Cash,Check,etc) Check
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 S Bront St STE 1200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43215	H 1	Amount 1,000.00	Form(Cash,Check,etc) Check
Full Name of Contributor Larry James				Registration Number, if PAC	
Street Address One Miranova Pl Ste 1040	Employer/Occupation/Labor Organization* Crabbe,Brown/ Atty.		M 0	D 4	Y 1
City Columbus	State O	Zip Code	H 1	Amount 250.00	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

Total expenditures this event

Page Total \$ **2,750.00**