

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Citizens for Dorrian Committee			
Full Name of Contributor Harrison W Smith		Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization* Attorney	M D Y 0 1 2 7 0 5	Amount 500.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffery L Brown		Registration Number, if PAC	
Street Address 37 W Broad St		Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization* Attorney	M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Adam Flato		Registration Number, if PAC	
Street Address 136 E 64th St Apt 8-E		Registration Number, if PAC	
Street Address 136 E 64th St Apt 8-E	Employer/Occupation/Labor Organization* Georgetown	M D Y 0 1 1 3 0 5	Amount 250.00
City New York	State Zip Code N Y 10021	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Rutkus		Registration Number, if PAC	
Street Address 55 W Oakland Ave Apt 2		Registration Number, if PAC	
Street Address 55 W Oakland Ave Apt 2	Employer/Occupation/Labor Organization* N/A	M D Y 0 2 0 2 0 5	Amount 35.00
City Columbus	State Zip Code O H 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael A Pirik		Registration Number, if PAC	
Street Address 4299 Radmore Rd		Registration Number, if PAC	
Street Address 4299 Radmore Rd	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 2 0 3 0 5	Amount 250.00
City Upper Arlington	State Zip Code O H 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Jackson B Reynolds		Registration Number, if PAC	
Street Address 37 W Broad St		Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization* Attorney	M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Vorys Sater Seymour and Pease llp		Registration Number, if PAC OH 109	
Street Address 52 E Gay St.		Registration Number, if PAC	
Street Address 52 E Gay St.	Employer/Occupation/Labor Organization*	M D Y 0 1 2 5 0 5	Amount 250.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	

* 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 \$ 1,785.00