

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

|  |  |                            |                                      |  |                         |
|--|--|----------------------------|--------------------------------------|--|-------------------------|
| Name of Committee in Full<br><b>Citizens for Dorrian Committee</b>   |  |                            |                                      |  |                         |
| Full Name of Contributor<br><b>Harrison W Smith</b>                  |  |                            |                                      | Registration Number, if PAC                  |                         |
| Street Address<br><b>37 W Broad St</b>                               | Employer/Occupation/Labor Organization*<br><b>Attorney</b>         |                            | M<br><b>0</b>                        | D<br><b>1</b>                                | Y<br><b>2</b>           |
| City<br><b>Columbus</b>  | State<br><b>O</b>  | Zip Code<br><b>H 43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>500.00</b> |
| Full Name of Contributor<br><b>Jeffery L Brown</b>                   |  |                            |                                      | Registration Number, if PAC                  |                         |
| Street Address<br><b>37 W Broad St</b>                               | Employer/Occupation/Labor Organization*<br><b>Attorney</b>         |                            | M<br><b>0</b>                        | D<br><b>1</b>                                | Y<br><b>2</b>           |
| City<br><b>Columbus</b>  | State<br><b>O</b>  | Zip Code<br><b>H 43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>250.00</b> |
| Full Name of Contributor<br><b>Adam Flato</b>                        |  |                            |                                      | Registration Number, if PAC                  |                         |
| Street Address<br><b>136 E 64th St Apt 8-E</b>                       | Employer/Occupation/Labor Organization*<br><b>Georgetown</b>       |                            | M<br><b>0</b>                        | D<br><b>1</b>                                | Y<br><b>1</b>           |
| City<br><b>New York</b>  | State<br><b>N</b>  | Zip Code<br><b>Y 10021</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>250.00</b> |
| Full Name of Contributor<br><b>Mark Rutkus</b>                       |  |                            |                                      | Registration Number, if PAC                  |                         |
| Street Address<br><b>55 W Oakland Ave Apt 2</b>                      | Employer/Occupation/Labor Organization*<br><b>N/A</b>              |                            | M<br><b>0</b>                        | D<br><b>2</b>                                | Y<br><b>0</b>           |
| City<br><b>Columbus</b>  | State<br><b>O</b>  | Zip Code<br><b>H 43201</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>35.00</b>  |
| Full Name of Contributor<br><b>Michael A Pirik</b>                   |  |                            |                                      | Registration Number, if PAC                  |                         |
| Street Address<br><b>4299 Radmore Rd</b>                             | Employer/Occupation/Labor Organization*<br><b>City of Columbus</b> |                            | M<br><b>0</b>                        | D<br><b>2</b>                                | Y<br><b>0</b>           |
| City<br><b>Upper Arlington</b>                                       | State<br><b>O</b>  | Zip Code<br><b>H 43220</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>250.00</b> |
| Full Name of Contributor<br><b>Jackson B Reynolds</b>                |  |                            |                                      | Registration Number, if PAC                  |                         |
| Street Address<br><b>37 W Broad St</b>                               | Employer/Occupation/Labor Organization*<br><b>Attorney</b>         |                            | M<br><b>0</b>                        | D<br><b>1</b>                                | Y<br><b>2</b>           |
| City<br><b>Columbus</b>  | State<br><b>O</b>  | Zip Code<br><b>H 43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>250.00</b> |
| Full Name of Contributor<br><b>Vorys Sater Seymour and Pease llp</b> |  |                            |                                      | Registration Number, if PAC<br><b>OH 109</b> |                         |
| Street Address<br><b>52 E Gay St.</b>                                | Employer/Occupation/Labor Organization*                            |                            | M<br><b>0</b>                        | D<br><b>1</b>                                | Y<br><b>2</b>           |
| City<br><b>Columbus</b>  | State<br><b>O</b>  | Zip Code<br><b>H 43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |  | Amount<br><b>250.00</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 \$ 1,785.00