

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 John Bertine				Registration Number, if PAC	
Street Address 1880 Arlington Ave	Employer/Occupation/Labor Organization* Sr Vice President AMP		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Mork Corna				Registration Number, if PAC	
Street Address 10helton Wood	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Columbus Central Ohio Building Trades Council				Registration Number, if PAC PCE 6131	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Casto Family funding LLC				Registration Number, if PAC	
Street Address 191 W Nationwide Blvd Ste 200	Employer/Occupation/Labor Organization* Casto/ Owner		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Columbus Realty Investments LTC				Registration Number, if PAC	
Street Address 191 W Nationwide Blvd Ste 200	Employer/Occupation/Labor Organization* Don Casto /Owner		M 0	D 4	Y 1
City Columbus	State O	Zip Code	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert McDaniel (Total employee contributions 31 G)				Registration Number, if PAC	
Street Address 425 Derrer Rd	Employer/Occupation/Labor Organization* City of Cols./Dep Auditor		M 0	D 4	Y 1
City Columbus	State O	Zip Code	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		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

15,100.00

Total expenditures this event

421.37

Page Total \$ **1,750.00**