

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 Dennis G Schwallie				Registration Number, if PAC	
Street Address 8955 Easton Dr	Employer/Occupation/Labor Organization* Peck Shaffer/ Atty		M 019	D 117	Y 113
City Pickerington	State O H	Zip Code 43147	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Julia L. Dorrian				Registration Number, if PAC	
Street Address 106 Montrose Way	Employer/Occupation/Labor Organization* Judge		M 110	D 217	Y 113
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Richard C Pfeiffer Jr				Registration Number, if PAC	
Street Address 238 E Roval Forest	Employer/Occupation/Labor Organization* Columbus City Atty.		M 110	D 217	Y 113
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Kathy Pappas				Registration Number, if PAC	
Street Address 5649 Somerset Ave	Employer/Occupation/Labor Organization* Tommy's Diner/Owner		M 110	D 215	Y 113
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Deborah Lynn Klie				Registration Number, if PAC	
Street Address 2087 Inchcliff Rd	Employer/Occupation/Labor Organization* Columbus Treasurer		M 110	D 212	Y 113
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 125.00
Full Name of Contributor Total Employee Contributions from form No. 31-G				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount 1,700.00
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

3,800.00

Total expenditures this event

3,029.71

Page Total \$ 2,725.00