Gahanna

Fill in the boxes below only on the last page for this event.

Event Date	09-01-09
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Check

43230

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens for Julia L. Dorrian Registration Number, if PAC Full Name of Contributor Jeffrey A. Berndt Employer/Occupation/Labor Organization* Amount Street Address 50.00 0 9 0 1 0 9 Attorney: lawfirm 575 South High Street Form(Cash,Check,etc) Zip Code City 43215 Check Columbus OH Registration Number, if PAC Full Name of Contributor Shawn R. Dominy Ď Employer/Occupation/Labor Organization* Street Address 100.00 0 9 0 1 Attorney; lawfirm 3837 Attucks Drive Zip Code Form(Cash,Check,etc) City Check 43065 Powell OH Registration Number, if PAC Full Name of Contributor Michael Gertner Employer/Occupation/Labor Organization* Street Address 100.00 0 9 0 9 0 1 Gertner & Gertner 175 South Third #505 Form(Cash,Check,etc) Zip Code 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Samuel H. Shamansky Employer/Occupation/Labor Organization* Street Address 250.00 0 9 0 1 0:9 Samuel H. Shamansky 511 South High Street Form(Cash,Check.etc) Zip Code State City Check Columbus Registration Number, if PAC Full Name of Contributor \$250 in current or previous 6 yrs) Toki M. Clark (Ct appointee receiving aggregate comp in excess of D Amount Employer/Occupation/Labor Organization* 0.9 200.00 0.9|0.1Toki M. Clark Law Office 233 S. High Street, 3rd Floor Form(Cash,Check,etc) Zip Code State City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor \$250 in current or prev. 6 years) John H. Bates (Ct appointee receiving aggregate comp in excess of D Y Amount Employer/Occupation/Labor Organization* Street Address 0 9 0 1 0 9 100.00 Attorney: lawfirm 495 S. High Street, Suite 400 Form(Cash,Check,etc) Zip Code 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Anthony O. Mancuso (Ct appointee rec'g aggregate comp in excess d\$250 in current or prev. 6 years) Employer/Occupation/Labor Organization* 100.00 Attorney; lawfirm 0 9 0 1 0 9 135 N. Hamilton Road Form(Cash,Check,etc) Zip Code

OH

Transfer the Total contributions for this event to form	1 NO. 31-A. Under Full Name of Commoditor state. Conditionations from form	
in the date column.		
Total contributions this event	Total expenditures this event	Page Total \$ 900.00

^{*} 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)]