3	1-	E	
R.	C.	3517.	10(B)

Event Date	04/17/2018
Page	4

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05	_	
Name of Committee in Full			<u> </u>	
Citizens for Dorrian Committee				
Full Name of Contributor		Registration Number, if PAC		
The Huntington Bancshares Incorpor	ated		C00165589	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
41 S High St	1		0 4 1 2 1 3	2,500.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Nationwide Mutual Insurance Co			C00076174	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
One Nationwide Plaza			0 4 0 5 1 3	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43215	Check	
Full Name of Contributor		<u>-</u>	Registration Number, if PAC	
Silver Drive Partners				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
150 E Broad St	Frank K	ass	0 4 1 2 1 3	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Cmage/ Cwa Local 4502				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1350 W 5th Ave Ste 300	CWA Local 4502		0 4 1 7 1 3	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43212	Check	
Full Name of Contributor			Registration Number, if PAC	
Carpenter Lipps & Leland LLP				<u></u>
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
280 N High St Ste 1300	Atty's		0 4 0 5 1 3	500.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$		Check	
Full Name of Contributor			Registration Number, if PAC	
Joshua Cox				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	,,
60 Sheffield Rd	City of C	Columbus/ Atty.	0 4 1 6 1 3	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43214	Check	
Full Name of Contributor			Registration Number, if PAC	
Baker & Hostetler LLP			OH 125	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
3200 National City Center			0 4 1 0 1 3	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)	
Cleveland	$O \mid H$	44114	Check	
				
equired for contributions from individuals over \$100 to statewide and g	general assembly can	didates. If contributor is self-em	ployed, the occupation and the name of	the

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 \$5.600.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is seri-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)]