

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Dorrian Committee				
Full Name of Contributor Coleman for Columbus Committee			Registration Number, if PAC	
Street Address 3886 North High St	Employer/Occupation/Labor Organization*		M D Y 0 2 1 4 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor James Patrick Leahy			Registration Number, if PAC	
Street Address 3123 Dartford Trace	Employer/Occupation/Labor Organization* Leahy Associates		M D Y 0 3 0 1 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Mental For Council			Registration Number, if PAC	
Street Address 3886 North High St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 0 5	Amount 1,000.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Fifth Third Bancorp PAC			Registration Number, if PAC C00290502	
Street Address 38 Fountain Square Plaza	Employer/Occupation/Labor Organization*		M D Y 0 2 2 8 0 5	Amount 1,000.00
City Cincinnati	State O H	Zip Code 45202	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregory Comfort			Registration Number, if PAC	
Street Address 2275 Onandaga Dr.	Employer/Occupation/Labor Organization* EMH & T		M D Y 0 3 0 5 0 5	Amount 500.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Nelson Kohman			Registration Number, if PAC	
Street Address 10039 Hollow Rd.	Employer/Occupation/Labor Organization* EMH & T		M D Y 0 3 0 6 0 5	Amount 500.00
City Columbus	State O H	Zip Code 43062	Form(Cash,Check,etc) Check	
Full Name of Contributor UFCW Local 1059			Registration Number, if PAC #LA437	
Street Address 4150 E Main St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 5 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	

* 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 \$ **3,600.00**