

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					
Full Name of Contributor Baker & Hostetler			Registration Number, if PAC OH 125		
Street Address 3200 National City Center	Employer/Occupation/Labor Organization* Lawfirm		M 0	D 1	Y 3
City Cleveland	State OH	Zip Code 44114	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Chad A. Readler			Registration Number, if PAC		
Street Address 769 1/2 S. 3rd St.	Employer/Occupation/Labor Organization* Jones Day		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Wiles, Boyle, Burkholder & Bringardner Co., LPA			Registration Number, if PAC		
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization* Lawfirm		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Robert J. Cochran			Registration Number, if PAC		
Street Address 120 W. Como Avenue	Employer/Occupation/Labor Organization* Schottenstein, Zox & Dunn		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Elizabeth H. Watts			Registration Number, if PAC		
Street Address 1025 Melinda Drive	Employer/Occupation/Labor Organization* Chester, Willcox & Saxbe		M 0	D 1	Y 3
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Carlile, Patchen & Murphy LLP			Registration Number, if PAC		
Street Address 366 East Broad Street	Employer/Occupation/Labor Organization* Lawfirm		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Brett L. Miller			Registration Number, if PAC		
Street Address 38 E. Mithoff	Employer/Occupation/Labor Organization* Buckingham, Doolittle & B		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 125.00

* 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)]

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 \$ 2,625.00