

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 Stephen Grassbaugh			Registration Number, if PAC	
Street Address 308 Jackson St	Employer/Occupation/Labor Organization* Benesch Friedlander		M D Y 0 4 1 2 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor John Kulewicz			Registration Number, if PAC	
Street Address 2104 Yorkshire Rd	Employer/Occupation/Labor Organization* Vorys Sater, Seymour		M D Y 0 4 1 7 1 3	Amount 250.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Taft Stettinuss & Hollister Beter Government Fund			Registration Number, if PAC OH1146	
Street Address 425 Walnut St Ste1800	Employer/Occupation/Labor Organization*		M D Y 0 4 0 4 1 3	Amount 250.00
City Cincinnati	State O H	Zip Code 45202	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Duffey			Registration Number, if PAC	
Street Address 4740 Hayden Run Rd	Employer/Occupation/Labor Organization* Peck, Shaffer/ Atty		M D Y 0 4 1 7 1 3	Amount 500.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Katzenmeyer			Registration Number, if PAC	
Street Address 448 W Nationwide Blvd Apt 401	Employer/Occupation/Labor Organization* GCAC/ President		M D Y 0 4 1 7 1 3	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Emmett Kelly			Registration Number, if PAC	
Street Address 1977 Wyandotte Rd	Employer/Occupation/Labor Organization* Frost Brown/ Atty		M D Y 0 4 1 7 1 3	Amount 250.00
City Columbus	State O H	Zip Code	Form(Cash,Check,etc) Check	
Full Name of Contributor David Rogers			Registration Number, if PAC	
Street Address 1440 Briarcliffe Dr	Employer/Occupation/Labor Organization* Frost Brown		M D Y 4 1 6 1 3	Amount 250.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check	

* 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 \$ 2,250.00