Event Date	01.30.09
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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 John S. Marshall Employer/Occupation/Labor Organization* Amount Street Address Marshall and Morrow LLC 0 | 1 |3 0 0 9 500.00 324 Fallis Road Zip Code Form(Cash,Check,etc) 43214 Check Columbus OH Registration Number, if PAC Full Name of Contributor Citizens for Dorrian Committee Employer/Occupation/Labor Organization* 0 1 3 0 250.00 425 Derrer Road Form(Cash, Check, etc) State Zip Code City Check Columbus 43204 OHRegistration Number, if PAC Full Name of Contributor James L. Abrams Employer/Occupation/Labor Organization* D Amount 250.00 0 1 3 0 0 9 7643 Goodrich Square, S. Chester, Willcox & Saxbe Zip Code Form(Cash,Check,etc) City 43054 Check New Albany Registration Number, if PAC Full Name of Contributor Sean A. Mentel Employer/Occupation/Labor Organization* D Street Address 3 0 0 9 500.00 Law Offices of Sean Mentel 0 1 175 S. 3rd Street, Suite 800 Form(Cash,Check,etc) Zip Code 43215 Check Columbus OHRegistration Number, if PAC Full Name of Contributor Sandra McIntosh Employer/Occupation/Labor Organization* Street Address 0 | 9 250.00 0 | 1 | 3 | 0 Freund Freeze & Arnold 2453 Limestone Way Form(Cash,Check,etc) State Zip Code City 43228 Check Columbus OH Registration Number, if PAC Full Name of Contributor John P. Johnson Amount Employer/Occupation/Labor Organization* D 0 1 3 0 0 9 100.00 John P. Johnson Law Office 501 S. High Street Zip Code Form(Cash,Check,etc) State City 43228 Check Columbus Registration Number, if PAC Full Name of Contributor Bailey Cavalieri LLC Amount Employer/Occupation/Labor Organization* 500.00 3 0 0 9 10 W. Broad St., Ste 2100 Zip Code Form(Cash,Check,etc) State 43215 Check

Fill in the boxes b	oelow	only (on the	last	page	for this	event
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Columbus

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 \$ 2,350.00

^{*} 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)]