

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 Koffel & Jump					Registration Number, if PAC		
Street Address 2130 Arlington Avenue		Employer/Occupation/Labor Organization* Law Firm		M 1	D 0	Y 0	Amount 575.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Carlile, Patchen & Murphy LLP					Registration Number, if PAC		
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization* Law Firm		M 1	D 0	Y 0	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Kagay, Albert Diehl & Groeber					Registration Number, if PAC		
Street Address 6877 North High Street, Suite 300		Employer/Occupation/Labor Organization* Law Firm		M 1	D 0	Y 0	Amount 250.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Marty Anderson					Registration Number, if PAC		
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization* Sowald, Sowald Anderson		M 1	D 0	Y 0	Amount 50.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Stanley B. Dritz					Registration Number, if PAC		
Street Address 50 W. Broad Street, Suite 2200		Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 0	Amount 100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert M. Cody					Registration Number, if PAC		
Street Address 238 E. Lincoln Avenue		Employer/Occupation/Labor Organization* Hunter, Carnahan Shoub		M 1	D 0	Y 0	Amount 50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor John T. Conroy					Registration Number, if PAC		
Street Address 3363 Tremont Rd., Ste 104C		Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 0	Amount 50.00
City Columbus		State O H	Zip Code 43221	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 \$ 1,325.00