31-	E	
R.C.	3517.	10(B)

Event Date	01/27/05
Page	2

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 Registration Number, if PAC Full Name of Contributor Richard Pieplow Amount Employer/Occupation/Labor Organization* D 0 | 1 | 1 | 8 | 250.00 357 Betz Rd. N. W. City of Columbus Form(Cash,Check,etc) Zip Code Check 43130 Lancaster Registration Number, if PAC Full Name of Contributor Robert McLaughlin Employer/Occupation/Labor Organization* Amount Street Address 0 1 1 1 9 0 5 250.00 105 W. Plum St. City of Columbus Form(Cash,Check,etc) City Zip Code Westerville 43081 Check Registration Number, if PAC Full Name of Contributor E. B. Sisson Employer/Occupation/Labor Organization* Amount Street Address 0 | 1 | 2 | 0 | 0 | 5 250.00 100 Urlin Ave. Apt A. 16 Not Applicable Form(Cash,Check,etc) State Zip Code 43212 Check Columbus | H Full Name of Contributor John E. Jones Employer/Occupation/Labor Organization* 0 | 1 | 2 | 0 | 0 | 5 250.00 528 Clark State Rd. Not Applicable Form(Cash,Check,etc) Zip Code Gahanna Η 43230 Check Full Name of Contributor Registration Number, if PAC James P Joyce Street Address Employer/Occupation/Labor Organization* 2 4 0 5 5,000.00 1335 Dublin Rd. Ste 100B HR Grav & Assoc Zip Code Form(Cash,Check,etc) Η 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Daniel R. Helmick Amount Employer/Occupation/Labor Organization* 250.00 0 1 1 5 0 | 5 2050 Ellington Rd SZD Government Adv. Form(Cash,Check,etc) Zip Code State 43221 Check Columbus Η Registration Number, if PAC Full Name of Contributor Mark K. Milligan Employer/Occupation/Labor Organization* Amount Street Address 0 | 1 | 2 | 0 | 0 | 5 1,000.00 Cols/Franklin Afordable P.O. Box 12333 Zip Code Form(Cash,Check,etc) Check 43212 Columbus

Fill	in	the	boxes	below	only	on 1	the	last	page	tor	this	event.	
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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.

		1/
Total contributions this event	Total expenditures this event	
		Page Total \$ 7.250.00

^{*} 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)]