

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 Doald W Kelley				Registration Number, if PAC	
Street Address 878 fairway Blvd	Employer/Occupation/Labor Organization* Donald Kelley and Assoc		M 0	D 4	Y 13
City Columbus	State OH	Zip Code	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Robert Weiler				Registration Number, if PAC	
Street Address 10 N High St STE 401	Employer/Occupation/Labor Organization* Robert Weiler Company		M 0	D 4	Y 13
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Squire Sanders & Dempsey L.L.P Pac				Registration Number, if PAC CO044935	
Street Address 1201 Pennsylvania Ave NW	Employer/Occupation/Labor Organization*		M 0	D 4	Y 13
City Washington	State DC	Zip Code 20004	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Christipher Soteriades				Registration Number, if PAC	
Street Address 811 Northwest Blvd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Columbus	State OH	Zip Code	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor United Steelworkers				Registration Number, if PAC	
Street Address 777 Dearborn Park Ln Ste J	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Columbus	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Smith and Hale				Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization* Jeff Brown Atty		M 0	D 5	Y 13
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

* 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

6,250.00

Total expenditures this event

Page Total \$ 3,550.00