

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 IBEW Pac Voluntary Fund				Registration Number, if PAC	
Street Address 900 Seventh Street N.W.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 08
City Washington	State D C	Zip Code 20001	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Grange Mutual Casualty Company Ohio Pac				Registration Number, if PAC	
Street Address 671 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 12
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Michael King Fultz				Registration Number, if PAC	
Street Address 452 Otterbein Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 17
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Michael C Mentel				Registration Number, if PAC	
Street Address 22 Preston Rd	Employer/Occupation/Labor Organization* SWACO/ Atty.		M 0	D 4	Y 22
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James M Mentel				Registration Number, if PAC	
Street Address 653 Crescent Rd	Employer/Occupation/Labor Organization* Retired		M 0	D 4	Y 22
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John Royer				Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization* Kohr Royer Griffith Inc		M 0	D 4	Y 20
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Franz Geiger				Registration Number, if PAC	
Street Address 7447 Alpath Rd	Employer/Occupation/Labor Organization* Polaris Real Estate		M 0	D 4	Y 22
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 1,000.00

* 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)]

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 \$ 2,700.00