

Event Date 10.26.09

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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							
Full Name of Contributor Dominic J. Hanket				Registration Number, if PAC			
Street Address 4890 Arlington Centre Blvd.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 150.00
City Upper Arlington		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Sally W. Bloomfield				Registration Number, if PAC			
Street Address 3741 Romnay Road		Employer/Occupation/Labor Organization* Bricker & Eckler		M 1	D 0	Y 2	Amount 300.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard A. Cordray				Registration Number, if PAC			
Street Address 4900 Grove City Road		Employer/Occupation/Labor Organization* Attorney General		M 1	D 0	Y 2	Amount 200.00
City Grove City		State O H	Zip Code 43123	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas L. Fries				Registration Number, if PAC			
Street Address 3400 Tonti Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 150.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Ann T. Gallagher				Registration Number, if PAC			
Street Address 8357 Breckenridge Way		Employer/Occupation/Labor Organization* Gallagher Consulting		M 1	D 0	Y 2	Amount 50.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Amy S. Bartemes				Registration Number, if PAC			
Street Address 7571 Coventry Woods Drive		Employer/Occupation/Labor Organization* Bricker & Eckler		M 1	D 0	Y 2	Amount 50.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor John B. Igel				Registration Number, if PAC			
Street Address 2040 Alum Creek Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O H	Zip Code 43207	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 \$ 1,000.00