

Event Date 10.07.09

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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 William L. Byers IV				Registration Number, if PAC			
Street Address 5446 Gillette Avenue		Employer/Occupation/Labor Organization* Nationwide Children's Hos		M 1	D 0	Y 0	Amount 100.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Karen M. Moore				Registration Number, if PAC			
Street Address 2457 Coventry Road		Employer/Occupation/Labor Organization* Bricker & Eckler		M 1	D 0	Y 0	Amount 200.00
City Upper Arlington		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory M. Kostelac, President				Registration Number, if PAC			
Street Address P.O Box 163638		Employer/Occupation/Labor Organization* Robert L. McCarty Co., LPA		M 1	D 0	Y 0	Amount 100.00
City Columbus		State O H	Zip Code 43216	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul H. Coleman				Registration Number, if PAC			
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization* Maryhaven Hospital		M 1	D 0	Y 0	Amount 100.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Shelley K. Boone				Registration Number, if PAC			
Street Address 421 Alexandria Colony S.		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 0	Amount 50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory S. Lashutka				Registration Number, if PAC			
Street Address 729 Mohawk St.		Employer/Occupation/Labor Organization* Nationwide Insurance		M 1	D 0	Y 0	Amount 50.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Patrick F. King				Registration Number, if PAC			
Street Address 46 E. Frankfort Street		Employer/Occupation/Labor Organization* Stifel Nicolaus		M 1	D 0	Y 0	Amount 100.00
City Columbus		State O H	Zip Code 43206	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 \$ 700.00