

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens For Dorrian Committee</b>					
Full Name of Contributor <b>Delores Harrison</b>				Registration Number, if PAC	
Street Address <b>300 Overstreet Way, Apt 301</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Colimbus</b>	State <b>O</b>	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>John T. Dittoe</b>				Registration Number, if PAC	
Street Address <b>2675 Trottersway Dr.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>James M. Mentel</b>				Registration Number, if PAC	
Street Address <b>653 Crescent Rd.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Martin F. Russell</b>				Registration Number, if PAC	
Street Address <b>884 Macon Alley</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Margory G. (Marge) Fadley</b>				Registration Number, if PAC	
Street Address <b>298 Topsfield Rd.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Catherine E. Faherty</b>				Registration Number, if PAC	
Street Address <b>6135 Cedar Ln. N. W.</b>	Employer/Occupation/Labor Organization* <b>Nurse</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>
City <b>Canton</b>	State <b>O</b>	Zip Code <b>44708</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>James T. Foley</b>				Registration Number, if PAC	
Street Address <b>5253 E. Broad St. Apt 116</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>

\* 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 \$ 500.00