

## 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 Halima Carter			Registration Number, if PAC			
Street Address P.O. Box 248422	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 4	Amount 25.00
City Columbus	State OH	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor George L. Jenkins			Registration Number, if PAC			
Street Address 5980 Whittingham Dr.	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 1	Amount 250.00
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Cullen Daniel, III C.P.A.			Registration Number, if PAC			
Street Address 2686 Halleck Dr.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 6	Amount 50.00
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor James A. Bowman			Registration Number, if PAC			
Street Address 4573 Hayden Run Rd.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 9	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert W. Crosby, Jr			Registration Number, if PAC			
Street Address 1520 Thurell Rd.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 9	Amount 25.00
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check			
Full Name of Contributor Julia L. Dorrian			Registration Number, if PAC			
Street Address 130 Northridge Rd.	Employer/Occupation/Labor Organization* Mun Court Judge		M 1	D 0	Y 9	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor James E. Underwood			Registration Number, if PAC			
Street Address 4140 Stargrass Ct.	Employer/Occupation/Labor Organization* Consultant		M 1	D 0	Y 8	Amount 300.00
City Hilliard	State OH	Zip Code 43026	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

3,675.00

Total expenditures this event

3,142.29

Page Total \$ 800.00