Event Date	01.30.09
Page	3

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 Registration Number, if PAC Full Name of Contributor Donald B. Leach, Jr. Employer/Occupation/Labor Organization* 0 1 3 0 250.00 Buckingham, Doolittle & Br 191 W. Nationwide Blvd., Suite 300 Form(Cash,Check,etc) Zip Code City 43215 Check QH Columbus Registration Number, if PAC Full Name of Contributor Christy L. Hune D Amount Employer/Occupation/Labor Organization* Street Address 250.00 0 1 3 0 0 9 Jones Day 203 E. Beck St. Zip Code Form(Cash,Check,etc) State 43206 Check Columbus Registration Number, if PAC Full Name of Contributor Ranjan Manoranjan Amount Employer/Occupation/Labor Organization* D 250.00 3SG 0 1 3 0 0 9 344 Cramer Creek Ct. Zip Code Form(Cash,Check,etc) City 43017 Check Dublin OH Registration Number, if PAC Full Name of Contributor Peter W. Hahn Employer/Occupation/Labor Organization* 125.00 Buckingham, Doolittle & Br 0 | 1 | 3 | 0 | 0 | 9 4245 Reedbury Ln. Form(Cash,Check,etc) Zip Code 43220 Check OHUpper Arlington Registration Number, if PAC Full Name of Contributor Steven D. Farrell Employer/Occupation/Labor Organization* D Amount Street Address 3 0 0 9 250.00 Farrell Consulting 0 1 838 S. Third St. State Zip Code Form(Cash,Check,etc) 43206 Check Columbus Registration Number, if PAC Full Name of Contributor Carol O. Ray Employer/Occupation/Labor Organization* Amount Street Address 250.00 0 1 3 0 0 9 Chester, Willcox & Saxbe 2030 Tremont Road Zip Code Form(Cash,Check,etc) State City 43221 Check Columbus Registration Number, if PAC Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP Employer/Occupation/Labor Organization* 3 0 0 9 500.00 0 1 250 East Broad Street Form(Cash,Check,etc) Zip Code Check 43215

OH

Fill in the boxes below	only or	the last	page for th	is event.
-------------------------	---------	----------	-------------	-----------

Columbus

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 \$ 1.875.00

^{*} 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)]