

31-E

R.C. 3517.10(B)

Event Date 08/26/05

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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 Dorrian Committee						
Full Name of Contributor Julia L. Dorrian			Registration Number, if PAC			
Street Address 130 Northridge Rd.	Employer/Occupation/Labor Organization* Mun. Court Judge		M 0	D 8	Y 1	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Bernard J. McClory			Registration Number, if PAC			
Street Address 1288 S. Fourth St.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 35.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor James P. Hanley			Registration Number, if PAC			
Street Address 2492 Timberside Dr.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 35.00
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Margaret M. Lombardo			Registration Number, if PAC			
Street Address 1025 Birchmont Rd.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 30.00
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Raymond R. Thomas, Jr.			Registration Number, if PAC			
Street Address 671 S. 3rd St.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 50.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Lawrence J. Corcoran			Registration Number, if PAC			
Street Address 204 S. 5th St.	Employer/Occupation/Labor Organization* Priest		M 0	D 8	Y 2	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William L. White			Registration Number, if PAC			
Street Address 113 Bellefield Ave.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 1	Amount 50.00
City Westerville	State OH	Zip Code 43081	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 \$ 400.00