

Event Date 09-01-09

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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 J. Scott Weisman				Registration Number, if PAC			
Street Address 601 S. High St., 1st. Fl.		Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0	Amount 150.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert F. Krapenc				Registration Number, if PAC			
Street Address 601 S. High Street, 1st Floor		Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0	Amount 100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Tunney Lee King				Registration Number, if PAC			
Street Address 380 S. Fifth St.		Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0	Amount 100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William S. Ireland				Registration Number, if PAC			
Street Address 85 Liberty St.		Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0	Amount 150.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor R. William Meeks				Registration Number, if PAC			
Street Address 511 S. High St.		Employer/Occupation/Labor Organization* R. Williams Meeks Co., LPA		M 0	D 9	Y 0	Amount 200.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Bernard Z. Yavitch				Registration Number, if PAC			
Street Address 592 S. Third St.		Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0	Amount 100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Shaw & Miller (Ct appointee rec'g agg. compensation in excess of \$250 in current or prev. 6 years)				Registration Number, if PAC			
Street Address 555 City Park Avenue		Employer/Occupation/Labor Organization*		M 0	D 9	Y 0	Amount 100.00
City Columbus		State OH	Zip Code 43215	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 \$ 900.00