

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 Thomas J. O'Brien				Registration Number, if PAC	
Street Address 1835 N. Devon Road	Employer/Occupation/Labor Organization* Bricker & Eckler		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Thomas J. Grote				Registration Number, if PAC	
Street Address 982 Jaeger St.	Employer/Occupation/Labor Organization* Donato's Pizza		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor J. Randall Schoedinger				Registration Number, if PAC	
Street Address 1882 N. Devon Road	Employer/Occupation/Labor Organization* Schoedinger Funeral Home		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ronald L. Rowland				Registration Number, if PAC	
Street Address 821 Old Woods Rd.	Employer/Occupation/Labor Organization* Vorys, Sater, Seymour and		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Thomas L. Long				Registration Number, if PAC	
Street Address 2565 Leeds Road	Employer/Occupation/Labor Organization* Baker & Hostetler		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Alex Wightman				Registration Number, if PAC	
Street Address 184 E. Beck Street	Employer/Occupation/Labor Organization* Baker & Hostetler		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Sherri Blank Lazear				Registration Number, if PAC	
Street Address 258 N. Parkview Avenue	Employer/Occupation/Labor Organization* Baker & Hostetler		M 0	D 1	Y 3
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00

* 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)]

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 \$ 1,550.00