

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 John C. Rosenberger				Registration Number, if PAC	
Street Address 885 S. Pearl St.	Employer/Occupation/Labor Organization* 		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Frederick A. Vierow				Registration Number, if PAC	
Street Address 6870 Haymore Avenue West	Employer/Occupation/Labor Organization* Self		M 1	D 0	Y 0
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Veronica Nedeff Sherman				Registration Number, if PAC	
Street Address 5775 Parkbridge Lane	Employer/Occupation/Labor Organization* State of Ohio		M 1	D 0	Y 0
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Price D. Finley				Registration Number, if PAC	
Street Address 2454 Kensington Drive	Employer/Occupation/Labor Organization* Bricker & Eckler		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Megan Kilgore				Registration Number, if PAC	
Street Address 461 East Columbus St.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Joseph L. Mas				Registration Number, if PAC	
Street Address 330 South High Street	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 844 South Front Street	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 600.00