10.07.09
7

Statement of Contributions Received at a Social or Fundraising Event

Citizens for Julia L. Dorrian Registration Number, if PAC John C. Rosemberger Replayer/Occupation/Labor Organization* M		Prescribed by Sec	cretary of State 3/05			
Variable Variable	Name of Committee in Full					
Variable Variable						
John C. Rosenberger	Full Name of Contributor			Registration Number, if PAC		
Employer/Occupation/Labor Organization*						
State Zip Code Check C		Employer/Occup	ation/Labor Organization*			
State Columbus C				1 0 0 7 0 9	100.00	
Columbus		State	Zip Code	Form(Cash,Check,etc)		
Registration Number, if PAC	· ·	ОІН	43206	Check		
Employer/Occupation/Labor Organization*				Registration Number, if PAC		
Employer/Occupation/Labor Organization*						
Self		Employer/Occupation/Labor Organization*		M D Y Amount		
Siste Zip Code Check C	0.1001, 1.441, 1.44	Self		1 0 0 7 0 9	100.00	
Worthington			Zip Code			
Registration Number, if PAC			1 -	Check		
Contributor						
Street Address						
State of Ohio		Employer/Occur	nation/Labor Organization*	M D Y Amount		
State		1 ' '			100.00	
Dublin					100.00	
Registration Number, if PAC			1 '			
Price D. Finley Price D. Finley Street Address Employer/Occupation/Labor Organization* M D Y Amount 100.00			10010			
Street Address				registration (tamber, n) 12		
2454 Kensington Drive Bricker & Eckler 1 0 0 7 0 9 100.00		E 1 0-		M D V Amount		
State Zip Code Form(Cash, Check, etc) Check				1 " 1 " 1 " 1 " 1	100.00	
Columbus				I A CONTRACTOR OF THE PARTY OF	100.00	
Registration Number, if PAC	City					
Megan Kilgore Street Address Employer/Occupation/Labor Organization* M D Y Amount		U H] 43221			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor Registration Number, if PAC					
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State Zip Code Check		the state of the s			E0.00	
Columbus	461 East Columbus St.				50.00	
Registration Number, if PAC	City					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Columbus	O H	43206			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number, if PAC		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Ioseph L. Mas					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*		i i i i i		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	330 South High Street	Attorney			100.00	
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Full Name of Contributor	h -	O H	43215	Check		
				Registration Number, if PAC		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
844 South Front Street Attorney 1 0 0 7 0 9 50.00 City State Zip Code Form(Cash, Check, etc.)		Employer/Occupation/Labor Organization*		1 1 1 1		
City State Zip Code Form(Cash, Check, etc)				1 0 0 7 0 9	50.00	
Columbus O H 43206 Check Columbus	Columbus	OIH	43206	Check		
	OURTIN CO				300000000000000000000000000000000000000	

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

^{*} 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)]