

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 Richard J. Larkin				Registration Number, if PAC	
Street Address 3664 Farley Court	Employer/Occupation/Labor Organization* Plaskolite		M 1	D 0	Y 0
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Patricia R. Hatler				Registration Number, if PAC	
Street Address 17 N. Parkview Avenue	Employer/Occupation/Labor Organization* Nationwide Insurance Co.		M 1	D 0	Y 0
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Cheryl Roberto				Registration Number, if PAC	
Street Address 1927 Tewksbury Road	Employer/Occupation/Labor Organization* State of Ohio		M 1	D 0	Y 0
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Ty D. Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Drive	Employer/Occupation/Labor Organization* Columbus Chamber of Com		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Laura G. Anthony				Registration Number, if PAC	
Street Address 6800 Alloway Street East	Employer/Occupation/Labor Organization* Bricker & Eckler		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 Patricia P. Goggin				Registration Number, if PAC	
Street Address 635 Teteridge Road	Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Donald H. Glosser				Registration Number, if PAC	
Street Address 6238 County Road 102	Employer/Occupation/Labor Organization* Crawford, Murphy & Tilly		M 1	D 0	Y 0
City Mt. Gilead	State O H	Zip Code 43338	Form(Cash,Check,etc) Money Order		Amount 250.00

* 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 \$ 625.00