

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens For Dorrian Committee</b>					
Full Name of Contributor <b>Jeffrey W. Clouse</b>				Registration Number, if PAC	
Street Address <b>8522 Payson Dr.</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>05</b>
City <b>Lewis Center</b>	State <b>O</b>	Zip Code <b>43035</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Debra K. McKinney</b>				Registration Number, if PAC	
Street Address <b>11922 Elder Ln.</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>1</b>	D <b>0</b>	Y <b>05</b>
City <b>Canal Winchester</b>	State <b>O</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Helen McDaniel</b>				Registration Number, if PAC	
Street Address <b>419 Derrer Rd.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>1</b>	D <b>0</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Kimber Perfect</b>				Registration Number, if PAC	
Street Address <b>251 W. Third Ave.</b>	Employer/Occupation/Labor Organization* <b>N/A</b>		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Emily J. Gerwig</b>				Registration Number, if PAC	
Street Address <b>1264 Woodbrook Cr. W.</b>	Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43223</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Darlene W. Short</b>				Registration Number, if PAC	
Street Address <b>842 Angus Ct.</b>	Employer/Occupation/Labor Organization* <b>Consultant</b>		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>David T. Weaver</b>				Registration Number, if PAC	
Street Address <b>340 N. Parkway Rd.</b>	Employer/Occupation/Labor Organization* <b>Consultant</b>		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>Delaware</b>	State <b>O</b>	Zip Code <b>43015</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>

\* 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 \$ 595.00