

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 Ross & Midian				Registration Number, if PAC	
Street Address 133 E. Livingston Avenue		Employer/Occupation/Labor Organization* Law Firm		M 1	D 0
City Columbus		State O H	Zip Code 43215	Y 0	Amount 150.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Newhouse, Prophater, Letcher & Moots, LLC					
Street Address 5025 Arlington Centre Blvd., Ste. 400		Employer/Occupation/Labor Organization* Law Firm		M 1	D 0
City Columbus		State O H	Zip Code 43220	Y 0	Amount 150.00
Form(Cash,Check,etc) Check					
Full Name of Contributor I.B.E.W. - COPE					
Street Address 900 Seventh Street, N.W.		Employer/Occupation/Labor Organization*		M 1	D 0
City Washington		State D C	Zip Code 20001	Y 0	Amount 500.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Matthew A. Kairis					
Street Address 325 John McConnell Blvd., Ste. 600		Employer/Occupation/Labor Organization* Jones Day		M 1	D 0
City Columbus		State O H	Zip Code 43215	Y 0	Amount 150.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Murray Murphy Moul & Basil LLP					
Street Address 1533 Lake Shore Drive		Employer/Occupation/Labor Organization* Law Firm		M 1	D 0
City Columbus		State O H	Zip Code 43204	Y 0	Amount 250.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Edward P. Ferris					
Street Address 1959 Collingswood Road		Employer/Occupation/Labor Organization* E.P. Ferris & Associates		M 1	D 0
City Upper Arlington		State O H	Zip Code 43221	Y 0	Amount 100.00
Form(Cash,Check,etc) Check					
Full Name of Contributor John F. Marsh					
Street Address 115 W. New England Avenue		Employer/Occupation/Labor Organization* Hahn Loeser & Parks LLC		M 1	D 0
City Worthington		State O H	Zip Code 43085	Y 0	Amount 575.00
Form(Cash,Check,etc) Check					

* 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 \$ 1,875.00