Event Date	10.07.09
Page	9

Statement of Contributions Received at a Social or Fundraising Event

		O						
	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full Citizens for Julia L. Dorrian								
Full Name of Contributor			Registra	ition Num	ber, if PA	лС		
Theresa J. Gehr			l regions		,			
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount		
322 E. Torrence Road	Cols Stat	te Com. College	1 0	0 7	0 9		150.00	
City	State	Zip Code	Form(C	ash,Check	(,etc)			
Columbus	O H	43214		Checl	CONTRACTOR PROPERTY.			
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .		
Robert J. Onda			M	T =	T	т.		
Street Address	1 ' '	Employer/Occupation/Labor Organization*		D 7	Y	Amount	100.00	
200 S. Chesterfield Road		abund, Raukin IZip Code	1 0	0 7	·····		100.00	
_{City} Columbus	State O H	43209		Chec!				
Full Name of Contributor		10207		ation Num		AC		
Don L. Brown			,		, /	•		
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
3921 Lytham Court	' '	County BOC	1 0	0 7	0 9	N. S.	50.00	
City	State	Zip Code		ash,Checl				
Columbus	OH	43220		Chec				
Full Name of Contributor			Registr	ation Nurr	ber, if Pa	4C		
Coleman for Columbus						*		
Street Address		ation/Labor Organization*	м 1.0	D	Y	Amount	050.00	
550 East Walnut Street		Mayor					250.00	
City	State	Zip Code	Form(C	Choo				
Columbus Full Name of Contributor	JOIT	O H 43215			Check Registration Number, if PAC			
Full Name of Contributor			Registi	acron ivan	1001, 11 1			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	······	
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
				10000 a faciono (10000 Taxa)				
Full Name of Contributor			Registr	ation Nun	nber, if P	AC		
								
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount		
	Contraction	17:- 0-4-	Earn//	Sook Chas	li oto)			
City	State	Zip Code	ronn(C	Cash,Chec	к,етс)			
T. J. Name of Contributor			Revistr	ation Nur	nher if P	A.C		
Full Name of Contributor			I Cogisti	ation , tan				
Street Address	Employer/Occur	pation/Labor Organization*	M	D	ΤΥ	Amount		
one of the state o		C	E:					
City	State	Zip Code	Form(0	Cash, Chec	ck,etc)			
				(Oncident Charles Inches	000000000000000000000000000000000000000			
		100 A						
equired for contributions from individuals over \$100 to statewid								
ividual's business, if any, rather than employer should be listed anization of which the employees are members, if any, must app		nuroute via payron deduction a	ти ехсеед	me aggreg	5a15 OI DI	oo, me iador		
anization of which the employees are members, it any, must app	na. [N.C. 3317.10(13)(4)]							
Fill in the house below only on the last name 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

Total contributions this event	Total expenditures this event	
		Page Total \$550.00
7.450.00	1.719.96	

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