

Event Date	10.07.09
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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 Theresa J. Gehr				Registration Number, if PAC	
Street Address 322 E. Torrence Road	Employer/Occupation/Labor Organization* Cols State Com. College		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Robert J. Onda				Registration Number, if PAC	
Street Address 200 S. Chesterfield Road	Employer/Occupation/Labor Organization* Onda, Labund, Raukin		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Don L. Brown				Registration Number, if PAC	
Street Address 3921 Lytham Court	Employer/Occupation/Labor Organization* Franklin County BOC		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Coleman for Columbus				Registration Number, if PAC	
Street Address 550 East Walnut Street	Employer/Occupation/Labor Organization* Mayor		M 1	D 0	Y 0
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

7,450.00

Total expenditures this event

1,719.96

Page Total \$	550.00
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