

# Ohio Campaign Finance Report

FILED

09 JAN 29 PM 3:09

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Citizens for Julia L. Dorrian</b>					Registration Number, if PAC					
Full Name of Candidate <b>Julia L. Dorrian</b>										
Street Address <b>c/o Mary Duffey, Treasurer, 65 East State Street, Suite 500</b>					Office Sought <b>municipal judge</b>		District			
City <b>Columbus</b>					State <b>OH</b>	Zip Code <b>43215</b>				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input checked="" type="checkbox"/>	Annual Year 2008
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$115.73
2. Total monetary contributions (From Form No. 31-A)	\$	\$250.00
3. Total other income (From Form No. 31-A-2)	\$	.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$365.73
5. Total monetary expenditures (From Form No. 31-B)	\$	\$46.00
6. Balance on hand (line 4 minus line 5)	\$	\$319.73
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	.
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	.
12. Value of independent expenditures made (From Form No. 31-U)	\$	.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Mary S. Duffey, Treasurer

01/28/2009

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date



Contribution pages 1

Expenditure pages 1

Other pages 2

Total pages 4

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Julia L. Dorrian</b>						
Full Name of Contributor <b>Julia L. Dorrian</b>				Registration Number, if PAC		
Street Address <b>106 Montrose Way</b>		Employer/Occupation/Labor Organization* <b>Judge, Franklin County Municipal Court</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	M <b>1</b>	D <b>0</b>	Y <b>08</b>
Amount <b>\$250.00</b>						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
Amount						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
Amount						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
Amount						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
Amount						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
Amount						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
Amount						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y
OH						
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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Citizens for Julia L. Dorrian												
To Whom Paid						M	D	Y	Amount			
National City Bank						0	6	3	0	0	8	\$8.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
National City Bank						0	7	3	1	0	8	\$8.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
National City Bank						0	8	2	9	0	8	\$8.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
National City Bank						0	9	3	0	0	8	\$8.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
National City Bank						1	0	3	1	0	8	\$8.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
National City Bank						1	1	2	8	0	8	\$3.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
National City Bank						1	2	3	1	0	8	\$3.00
Address				Purpose								
P.O.Box 5756				service charges								
City		State		Zip Code		Check Number						
Cleveland		OH		44101								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						