

FILED

Ohio Campaign Finance Report

NOV 11 AM 10:30

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Julia L. Dorrian						Registration Number, if PAC				
Full Name of Candidate Julia L. Dorrian										
Street Address 65 E. State Street, Suite 500					Office Sought Municipal Judge		District			
City Columbus						State O H	Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		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 1 1	D 0 3	Y 0 9

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 at 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	\$ 26,287.40
2. Total monetary contributions (From Form No. 31-A)	\$ 3,375.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 29,662.40
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,423.10
6. Balance on hand (line 4 minus line 5)	\$ 27,239.30
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 235.84
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 _____ Signature *Mary S. Duffey* _____ Date **12/11/09**

Contribution pages 13

Expenditure pages 5

Other pages 1

Total pages 19

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Julia L. Dorrian							
Full Name of Contributor Total contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			1	0	2	6	09
							3,375.00
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	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	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	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	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	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	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	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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Julia L. Dorrian							
To Whom Paid Total expenditures from Form 31-F				M	D	Y	Amount
				1	0	26	09
				312.10			
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid National City Bank				M	D	Y	Amount
				1	0	30	09
				3.00			
Address PO Box 5756		Purpose Service Fee					
City Cleveland		State O H	Zip Code 44101	Check Number			
To Whom Paid National City Bank				M	D	Y	Amount
				1	1	30	09
				8.00			
Address PO Box 5756		Purpose Service Fee					
City Cleveland		State O H	Zip Code 44101	Check Number			
To Whom Paid Hummer for Judge Committee				M	D	Y	Amount
				1	0	22	09
				500.00			
Address 4314 Donnington Road		Purpose Candidate Contribution					
City Columbus		State O H	Zip Code 43220	Check Number 123			
To Whom Paid Franklin County Democractic Party				M	D	Y	Amount
				1	0	22	09
				500.00			
Address 271 E. State Street		Purpose Candidate Contribution					
City Columbus		State O H	Zip Code 43215	Check Number 124			
To Whom Paid Hummer for Judge Committee				M	D	Y	Amount
				1	0	23	09
				1,000.00			
Address 4314 Donnington Road		Purpose Candidate Contribution					
City Columbus		State O H	Zip Code 43220	Check Number 125			
To Whom Paid Franklin County Democractic Party				M	D	Y	Amount
				1	0	30	09
				100.00			
Address 271 E. State Street		Purpose Event Cost					
City Columbus		State O H	Zip Code 43215	Check Number 127			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Julia L. Dorrian			
Full Name of Contributor Dominic J. Hanket		Registration Number, if PAC	
Street Address 4890 Arlington Centre Blvd.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 6 0 9	Amount 150.00
City Upper Arlington	State Zip Code O H 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Sally W. Bloomfield		Registration Number, if PAC	
Street Address 3741 Romnay Road		Employer/Occupation/Labor Organization* Bricker & Eckler	
City Columbus	State Zip Code O H 43220	M D Y 1 0 2 6 0 9	Amount 300.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Richard A. Cordray		Registration Number, if PAC	
Street Address 4900 Grove City Road		Employer/Occupation/Labor Organization* Attorney General	
City Grove City	State Zip Code O H 43123	M D Y 1 0 2 6 0 9	Amount 200.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas L. Fries		Registration Number, if PAC	
Street Address 3400 Tonti Drive		Employer/Occupation/Labor Organization*	
City Dublin	State Zip Code O H 43016	M D Y 1 0 2 6 0 9	Amount 150.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Ann T. Gallagher		Registration Number, if PAC	
Street Address 8357 Breckenridge Way		Employer/Occupation/Labor Organization* Gallagher Consulting	
City Columbus	State Zip Code O H 43235	M D Y 1 0 2 6 0 9	Amount 50.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Amy S. Bartemes		Registration Number, if PAC	
Street Address 7571 Coventry Woods Drive		Employer/Occupation/Labor Organization* Bricker & Eckler	
City Dublin	State Zip Code O H 43017	M D Y 1 0 2 6 0 9	Amount 50.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor John B. Igel		Registration Number, if PAC	
Street Address 2040 Alum Creek Drive		Employer/Occupation/Labor Organization*	
City Columbus	State Zip Code O H 43207	M D Y 1 0 2 6 0 9	Amount 100.00
		Form(Cash,Check,etc) Check	

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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 \$ 1,000.00

Page Total \$ 1,000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Julia L. Dorrian							
Ross & Midian		Law Firm		1	0	2609	150.00
Street Address 133 E. Livingston Avenue		State O H		Zip Code 43215		Form(Cash,Check,etc) Check	
City Columbus							
Newhouse, Prophater, Letcher & Moots, LLC							
Street Address 5025 Arlington Centre Blvd., Ste. 400		Law Firm		1	0	2609	150.00
City Columbus		State O H		Zip Code 43220		Form(Cash,Check,etc) Check	
I.B.E.W. - COPE							
Street Address 900 Seventh Street, N.W.				1	0	2609	500.00
City Washington		State D C		Zip Code 20001		Form(Cash,Check,etc) Check	
Matthew A. Kairis							
Street Address 325 John McConnell Blvd., Ste. 600		Jones Day		1	0	2609	150.00
City Columbus		State O H		Zip Code 43215		Form(Cash,Check,etc) Check	
Murray Murphy Moul & Basil LLP							
Street Address 1533 Lake Shore Drive		Law Firm		1	0	2609	250.00
City Columbus		State O H		Zip Code 43204		Form(Cash,Check,etc) Check	
Edward P. Ferris							
Street Address 1959 Collingswood Road		E.P. Ferris & Associates		1	0	2609	100.00
City Upper Arlington		State O H		Zip Code 43221		Form(Cash,Check,etc) Check	
John F. Marsh							
Street Address 115 W. New England Avenue		Hahn Loeser & Parks LLC		1	0	2609	575.00
City Worthington		State O H		Zip Code 43085		Form(Cash,Check,etc) Check	

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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

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 James G. Petrie			Registration Number, if PAC					
Street Address 1944 Chatfield Road		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount	
City Columbus		State O H	Zip Code 43221	1	0	26	09	250.00
Form(Cash,Check,etc) Check								
Full Name of Contributor Sally W. Bloomfield								
Street Address 3741 Romnay Road			Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
City Columbus		State O H	Zip Code 43220	1	0	26	09	250.00
Form(Cash,Check,etc) Check								
Full Name of Contributor								
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code					
Form(Cash,Check,etc)								
Full Name of Contributor								
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code					
Form(Cash,Check,etc)								
Full Name of Contributor								
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code					
Form(Cash,Check,etc)								
Full Name of Contributor								
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code					
Form(Cash,Check,etc)								
Full Name of Contributor								
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code					
Form(Cash,Check,etc)								

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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
3,375.00

Total expenditures this event
312.10

Page Total \$ 500.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Julia L. Dorrian						
To Whom Paid Athletic Club of Columbus			M	D	Y	Amount 312.10
			1	0	26	09
Address 136 East Broad Street		Purpose Food, Beverage, Rental				
City Columbus		State O H	Zip Code 43215		Check Number	
To Whom Paid						
Address						
Purpose						
City						
State						
Zip Code						
Check Number						
To Whom Paid						
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Purpose						
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State						
Zip Code						
Check Number						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Julia L. Dorrian				
Full Name of Contributor United States Postal Service		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address Beechwold Station		Description of Item or Service Postage		M D Y Fair Market Value 1 0 1 0 0 9 132.00
City Columbus		State O H	Zip Code 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Office Max		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address Graceland Shopping Center		Description of Item or Service Stationery Supplies		M D Y Fair Market Value 1 0 1 0 0 9 103.84
City Columbus		State O H	Zip Code 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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