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FRANKLIN COUNTY
BOARD OF ELECTIONS

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Dorrian Committee						Registration Number, if PAC				
Full Name of Candidate Hugh J. Dorrian										
Street Address 425 Derrer Rd					Office Sought City Auditor			District		
City Columbus						State O H		Zip Code 43204		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X		Pre-General		Post-General	Annual Year 2009
	July Monthly		August Monthly		September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input checked="" type="checkbox"/> Yes <input 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	\$ 5,521.23
2. Total monetary contributions (From Form No. 31-A)	\$ 6,625.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,146.23
5. Total monetary expenditures (From Form No. 31-B)	\$ 5,065.48
6. Balance on hand (line 4 minus line 5)	\$ 7,080.75
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$ 0.00
Sum of lines 2, 7 and amount of any new loans received this period	\$ 0.00

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

Robert L. McDaniel, Treasurer

Robert L. McDaniel
Signature

10-28-09
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages <u> 1 </u>

Expenditure pages <u> 1 </u>

Other pages <u> 5 </u>

Total pages <u> 7 </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Contributors in Officeholder's Employ 31G						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 1,175.00	
Full Name of Contributor Fund Raiser Event 10/25/2009 Form Attached						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 5,450.00	
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	

* 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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Dorrian Committee															
From Whom Received Hugh J. Dorrian, candidate								Prior Amount 3,000.00		Amt. Incurred this Period 0.00					
Address 999 Birchmont Rd.										Outstanding Balance 0.00					
City Columbus		State OH	Zip Code 43220		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
		0	8	1	1	0	9		1	0	2	7	0	9	3000.00
Registration Number, if PAC					M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				
City Auditor- City of Columbus															
From Whom Received								Prior Amount		Amt. Incurred this Period					
Address										Outstanding Balance					
City		State	Zip Code		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC					M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				
From Whom Received								Prior Amount		Amt. Incurred this Period					
Address										Outstanding Balance					
City		State	Zip Code		Loans Received This Period				Payments This Period						
					Date		Amount		Date		Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
Registration Number, if PAC					M	D	Y		M	D	Y				
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y				

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 3,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 3,000.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

First Name	Middle Name	Last Name	Contributing Entity	Pac Registration Number	Address	City	State	Zip	Occupation	Employer	Form of Contribution	Date of Contribution	Amount	Event Date
Rick		Pfeiffer	Friends of Rick Pfeiffer Committee		89 E Broad Ste 1250	Columbus	OH	43215	Attorney	City of Columbus	Check	10/6/2009	\$100.00	10/25/2009
James	M	Mentel			653 Crescent Rd	Columbus	OH	43204	Retired	Retired	Check	10/9/2009	\$100.00	10/25/2009
Michelle	L	Underwood			4140 Stargrass Ct	Hilliard	OH	43026	Finance	City of Hilliard	Check	10/11/2009	\$250.00	10/25/2009
Donald		Shackelford			888 S Orange St Unit 3C	Sarasota	FL	34236	Retired	Retired	Check	10/12/2009	\$100.00	10/25/2009
Ted		Celeste	Citizens with Celeste		366 E Broad St	Columbus	OH	43215	State Legislator	State of Ohio	Check	10/12/2009	\$100.00	10/25/2009
Richard	A	Pieplow			357 Betz Rd N W	Lancaster	OH	43130	Retired	Retired	Check	10/15/2009	\$200.00	10/25/2009
Hamilton	J	Teardor			1250 Kinnear Ave	Columbus	OH	43206	Self	Self	Check	10/15/2009	\$200.00	10/25/2009
Jeff		Brown	Plumbers & Pipefitters L.U. 189	PCE #6220	37 W Broad St	Columbus	OH	43215	Attorney	Smith & Hale	Check	10/14/2009	\$100.00	10/25/2009
Robert	F	Howarth	Smith & Hale LLC		325 S Parkview	Columbus	OH	43209	Attorney	Shoemaker and Howarth	Check	10/20/2009	\$100.00	10/25/2009
			Bricker & Eckler LLP	#OH1821	100 S Thrid St	Columbus	OH	43215	N/A	N/A	Check	10/14/2009	\$1,000.00	10/25/2009
			IBEW-COPE		900 Seventh St NW	Washington	DC	20001	N/A	N/A	Check	10/20/2009	\$500.00	10/25/2009
			Coleman For Columbus		550 E Walnut St	Columbus	OH	43215	N/A	N/A	Check	10/21/2009	\$500.00	10/25/2009
Julia	L	Dorrrian			106 Montrose Way	Columbus	OH	43214	Judge	City of Columbus	Check	10/25/2009	\$250.00	10/25/2009
John	C	Rosenberger			885 S Pearl St	Columbus	OH	43206	Attorney	Self	Check	10/25/2009	\$200.00	10/25/2009
Paula	L	Brooks			4585 Benderton Ct	Columbus	OH	43220	County Commissioners	Franklin County	Check	10/25/2009	\$150.00	10/25/2009
Robert	R	Reed			52 W Whittier St	Columbus	OH	43206	Attorney	Self	Check	10/25/2009	\$100.00	10/25/2009
John		Raphael	The Raphael Company		444 S Front St	Columbus	OH	43215		The Raphael Company	Check	10/25/2009	\$100.00	10/25/2009
Mary		Jeffrey			937 Birchmont Rd	Columbus	OH	43220	Homemaker	N/A	Check	10/25/2009	\$100.00	10/25/2009
Greg	J	Davies			2646 Brandon rd	Columbus	OH	43221	Chief of Staff	City of Columbus	Check	10/25/2009	\$100.00	10/25/2009
Edward	V	Walsh			7819 Windy Hill Ct	Columbus	OH	43016	Accountant	Clark, Schaefer, Hackett	Check	10/25/2009	\$100.00	10/25/2009
Lynn	D	Vincent			22 Preston Rd	Columbus	OH	43213	Office Manager	Franklin County Engineer	Check	10/22/2009	\$100.00	10/25/2009
Michael	C	Mentel			6321 Bidwell	Columbus	OH	43209	City Council President	City of Columbus	Check	10/25/2009	\$100.00	10/25/2009
Paul	H	Coleman			1299 Haddon Rd	Columbus	OH	43209	C.E.O.	Maryhaven	Check	10/25/2009	\$100.00	10/25/2009
Jerome	J	Madigan			842 Neil Ave	Columbus	OH	43215	Consultant	Brown and Caldwell	Check	10/25/2009	\$100.00	10/25/2009
Gregory	B	Comfort			2275 Onandaga Dr	Columbus	OH	43221	Managing Partner	EMH&T	Check	10/25/2009	\$100.00	10/25/2009
Gretchen	D	James			9 Buttes Ave Apt 340	Columbus	OH	43215		State of Ohio	Check	10/25/2009	\$100.00	10/25/2009
Priscilla	S	Tyson	Citizens for Priscilla Tyson		1465 E Broad St	Columbus	OH	43205	Council Member	City of Columbus	Check	10/25/2009	\$100.00	10/25/2009
Michael	R	Brown			1142 Pennsylvania Ave	Columbus	OH	43201	Sen. Exec Asst	City of Columbus	Check	10/25/2009	\$100.00	10/25/2009
Paul	R	Rakosky			2087 Inchtiff Rd	Columbus	OH	43221	Finance Director	City of Columbus	Check	10/25/2009	\$50.00	10/25/2009
Frances		Alberty			2281 Lane Rd	Columbus	OH	43220	Consumer Advocate	State of Ohio	Check	10/25/2009	\$50.00	10/25/2009
Margaret	M	Lombardo			1025 Birchmont Rd	Columbus	OH	43220	Homemaker	N/A	Check	10/25/2009	\$50.00	10/25/2009
												total	\$5,450.00	

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Dorrian Committee									
Full Name of Contributor Tim Carroll									
Street Address 921 Lynbrook Rd			M	D	Y	Amount			
			1	0	1	4	0	9	100.00
City Columbus		State O H	Zip Code 43235		Form (Cash, Check, etc) Check				
Full Name of Contributor Vikki V. Amicon									
Street Address 1208 Northwest Blvd			M	D	Y	Amount			
			1	0	1	6	0	9	100.00
City Columbus		State O H	Zip Code 43212		Form (Cash, Check, etc) Check				
Full Name of Contributor Michael Gore									
Street Address 1573 Grandview			M	D	Y	Amount			
			1	0	1	9	0	9	100.00
City Columbus		State O H	Zip Code 43212		Form (Cash, Check, etc) Check				
Full Name of Contributor Kyle G Sever									
Street Address 3737 Gateway Lakes			M	D	Y	Amount			
			1	0	1	9	0	9	50.00
City Grove City		State O H	Zip Code 43123		Form (Cash, Check, etc) Check				
Full Name of Contributor Rebecca L Cox									
Street Address 241 E Moler St			M	D	Y	Amount			
			1	0	1	9	0	9	50.00
City Columbus		State O H	Zip Code 43207		Form (Cash, Check, etc) Check				
Full Name of Contributor Kevin F Robison									
Street Address 6768 Atlin Ct			M	D	Y	Amount			
			1	0	2	0	0	9	250.00
City Dublin		State O H	Zip Code 43017		Form (Cash, Check, etc) Check				

The above are employees of a unit or department under the direct supervision or control of Hugh J. Dorrian, who currently holds the public office

of City Auditor. I hereby affirm that each contribution was voluntarily made.


(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 650.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Dorrian Committee										
Full Name of Contributor Vivian V. James										
Street Address 5479 Larkwood Rd				M	D	Y	Amount			
				1	0	2	3	0	9	50.00
City Columbus		State O H	Zip Code 43229	Form (Cash, Check, etc) Check						
Full Name of Contributor Brad Marburger										
Street Address 170 Green Ave				M	D	Y	Amount			
				1	0	2	1	0	9	100.00
City Groveport		State O H	Zip Code 43125	Form (Cash, Check, etc) Check						
Full Name of Contributor Thomas R Noorkah										
Street Address 3138 Rimmer				M	D	Y	Amount			
				1	0	2	1	0	9	125.00
City Dublin		State O H	Zip Code 43017	Form (Cash, Check, etc) Check						
Full Name of Contributor Patricia Hinkle										
Street Address 118 N Main St				M	D	Y	Amount			
				1	0	2	0	0	9	50.00
City Glenford		State O H	Zip Code 43739	Form (Cash, Check, etc) Check						
Full Name of Contributor Melinda Jeanne Frank										
Street Address 4038 James River Rd				M	D	Y	Amount			
				1	0	2	3	0	9	100.00
City New Albany		State O H	Zip Code 43054	Form (Cash, Check, etc) Check						
Full Name of Contributor Megan Kilgore										
Street Address 461 E Columbus St				M	D	Y	Amount			
				1	0	2	5	0	9	100.00
City Columbus		State O H	Zip Code 43206	Form (Cash, Check, etc) Check						

The above are employees of a unit or department under the direct supervision or control of Hugh J. Dorrian, who currently holds the public office

of City Auditor. I hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 525.00