

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 OCT 19 PM 12:15
FRANKLIN COUNTY
GRAND ELECTIONS

Full Name of Committee Citizens for Dorrian Committee							Registration Number, #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		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		2009
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	\$	1,208.20
2. Total monetary contributions (From Form No. 31-A)	\$	3,850.00
3. Total other income (From Form No. 31-A-2)	\$	3,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	8,058.20
5. Total monetary expenditures (From Form No. 31-B)	\$	2,536.97
6. Balance on hand (line 4 minus line 5)	\$	5,521.23
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)	\$	3,000.00
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	\$	
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

10-19-09
Date

Contribution pages 4

Expenditure pages 1

Other pages 5

Total pages 10

Statement of Contributions Received

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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 700.00	
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 3,150.00	
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)]

