

FILED

Ohio Campaign Finance Report

OCT 22 PM 3:50

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 East 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.

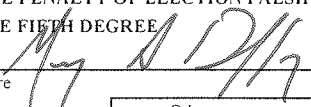
1. Amount brought forward from last report	\$	17,093.64
2. Total monetary contributions (From Form No. 31-A)	\$	16,300.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	33,393.64
5. Total monetary expenditures (From Form No. 31-B)	\$	7,106.24
6. Balance on hand (line 4 minus line 5)	\$	26,287.40
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	99.85
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	\$	
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

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



9/22/09

Date

Contribution pages 58

Expenditure pages 29

Other pages 1

Total pages 88

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 9/10/09					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 4,900.00
Full Name of Contributor Total Contributions from Form 31-E 10/07/09					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 7,450.00
Full Name of Contributor Total Contributions from Form 31-E 8/19/09					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 500.00
Full Name of Contributor James P. Joyce					Registration Number, if PAC	
Street Address 3893 Criswell Drive		Employer/Occupation/Labor Organization* H.R. Gray			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 4	D 2 8	Y 0 9	Amount 575.00
Full Name of Contributor Suzanna Gussler					Registration Number, if PAC	
Street Address 3893 Criswell Drive		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 4	D 2 8	Y 0 9	Amount 575.00
Full Name of Contributor Thomas B. Merritt					Registration Number, if PAC	
Street Address 7685 Kestrel Way East		Employer/Occupation/Labor Organization* H.R. Gray			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 4	D 2 9	Y 0 9	Amount 575.00
Full Name of Contributor Laura R. Merritt					Registration Number, if PAC	
Street Address 7685 Kestrel Way East		Employer/Occupation/Labor Organization* Verizon Wireless			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 4	D 2 9	Y 0 9	Amount 575.00
Full Name of Contributor Brenda L. Daily					Registration Number, if PAC	
Street Address 8460 Morris Road		Employer/Occupation/Labor Organization* Summit Construction			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 4	D 2 9	Y 0 9	Amount 575.00

* 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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Julia L. Dorrian							
Full Name of Contributor George D. Daily					Registration Number, if PAC		
Street Address 8460 Morris Road			Employer/Occupation/Labor Organization* H.R. Gray			Form (Cash, Check, etc.)	
City Hilliard		State O H	Zip Code 43026	M 0	D 4	Y 2	Amount 575.00
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

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Julia L. Dorrian								
To Whom Paid National City Bank					M	D	Y	Amount
					0	4	3 0 0 9	3.00
Address P.O. 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
					0	5	3 1 0 9	3.00
Address P.O. 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
					0	6	3 0 0 9	3.00
Address P.O. 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
					0	7	3 1 0 9	3.00
Address P.O. 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
					0	8	3 1 0 9	3.00
Address P.O. 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
					0	9	3 0 0 9	3.00
Address P.O. Box 5756				Purpose Service fee				
City Cleveland		State O H		Zip Code 44101		Check Number		
To Whom Paid Central Ohio Labor Council					M	D	Y	Amount
					0	5	0 5 0 9	140.00
Address 1545 Alum Creek Drive				Purpose Golf Sponsorship				
City Columbus		State O H		Zip Code 43209		Check Number 107		
To Whom Paid Smyrna Missionary Baptist Church					M	D	Y	Amount
					0	5	0 5 0 9	60.00
Address 1650 Wilson Avenue				Purpose Pastoral Banquet				
City Columbus		State O H		Zip Code 43207		Check Number 108		

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
Stonewall Democrats of Central Ohio					0	5	0	50.00
Address		Purpose						
P.O. Box 10814		Event Ticket						
City	State	Zip Code	Check Number					
Columbus	O H	43201	109					
To Whom Paid					M	D	Y	Amount
Hummer for Judge					0	5	0	250.00
Address		Purpose						
4314 Donnington Road		Event Ticket						
City	State	Zip Code	Check Number					
Columbus	O H	43220	110					
To Whom Paid					M	D	Y	Amount
The Women's Fund of Central Ohio					0	5	0	25.00
Address		Purpose						
41 S. High Street		Event Ticket						
City	State	Zip Code	Check Number					
Columbus	O H	43215	111					
To Whom Paid					M	D	Y	Amount
Franklin County Democratic Party					0	5	0	300.00
Address		Purpose						
271 East State Street		Golf Sponsorship						
City	State	Zip Code	Check Number					
Columbus	O H	43215	112					
To Whom Paid					M	D	Y	Amount
Clintonville July 4th Celebration Inc.					0	6	1	250.00
Address		Purpose						
P.O. Box 141463		Event support and program						
City	State	Zip Code	Check Number					
Columbus	O H	43214	113					
To Whom Paid					M	D	Y	Amount
Catholic Foundation of the Diocese of Columbus					0	6	1	300.00
Address		Purpose						
1071 S. High Street		Golf Sponsorship; Advertisement						
City	State	Zip Code	Check Number					
Columbus	O H	43206	114					
To Whom Paid					M	D	Y	Amount
Hummer for Judge Committee					0	7	0	250.00
Address		Purpose						
4314 Donnington Road		Event ticket						
City	State	Zip Code	Check Number					
Columbus	O H	43220	115					
To Whom Paid					M	D	Y	Amount
Jennifer Brunner Committee					0	7	0	250.00
Address		Purpose						
115 West Main Street		Event Ticket						
City	State	Zip Code	Check Number					
Columbus	O H	43215	116					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Julia L. Dorrian												
To Whom Paid Paley for Columbus						M	D	Y	Amount			
						0	7	2	0	0	9	250.00
Address 668 Bellamy				Purpose Event Ticket								
City Columbus		State O H		Zip Code 43213		Check Number 117						
To Whom Paid Notre Dame Club of Columbus						M	D	Y	Amount			
						0	7	2	0	0	9	250.00
Address P.O. Box 186				Purpose Speaker sponsorship								
City Columbus		State O H		Zip Code 43216		Check Number 118						
To Whom Paid The 2009 Judicial Salute, Franklin County Democratic Party						M	D	Y	Amount			
						0	8	1	0	0	9	250.00
Address 271 East State Street				Purpose Event Ticket								
City Columbus		State O H		Zip Code 43215		Check Number 119						
To Whom Paid Ohio Democratic Party						M	D	Y	Amount			
						0	9	1	1	0	9	50.00
Address 340 East Fulton				Purpose Women's Luncheon								
City Columbus		State O H		Zip Code 43215		Check Number 120						
To Whom Paid Total Expenditures from Form 31-F 9/1/09						M	D	Y	Amount			
												1,643.28
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid Total Expenditures from Form 31-F 10/07/09						M	D	Y	Amount			
												1,719.96
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid Total Expenditures from Form 31-F 8/19/09						M	D	Y	Amount			
												50.00
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid Alison Belfrage						M	D	Y	Amount			
						1	0	2	0	0	9	500.00
Address 6181 Deerside Drive				Purpose Labor								
City Dublin		State O H		Zip Code 43017		Check Number 122						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Julia L. Dorrian							
To Whom Paid Alison Belfrage		Invoice 008		M	D	Y	Amount
				1	0	2009	500.00
Address 6181 Deerside Drive		Purpose Labor					
City Dublin		State O H	Zip Code 43017	Check Number 122			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid		M	D	Y	Amount		

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 Kegler Brown Hill & Ritter			Registration Number, if PAC CP648				
Street Address 65 East State Street, Suite 1800		Employer/Occupation/Labor Organization* Lawfirm		M	D	Y	Amount 500.00
City Columbus		State O H	Zip Code 43215	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
500.00

Total expenditures this event
50.00

Page Total \$ 500.00

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			
Citizens for Julia L. Dorrian							
Full Name of Contributor				Registration Number, if PAC			
Jeffrey A. Berndt							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
575 South High Street	Attorney; lawfirm		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check				
Full Name of Contributor				Registration Number, if PAC			
Shawn R. Dominy							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3837 Attucks Drive	Attorney; lawfirm		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Powell	OH	43065	Check		100.00		
Full Name of Contributor				Registration Number, if PAC			
Michael Gertner							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
175 South Third #505	Gertner & Gertner		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check		100.00		
Full Name of Contributor				Registration Number, if PAC			
Samuel H. Shamansky							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
511 South High Street	Samuel H. Shamansky		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check		250.00		
Full Name of Contributor				Registration Number, if PAC			
Toki M. Clark (Ct appointee receiving aggregate comp in excess of \$250 in current or previous 6 yrs)							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
233 S. High Street, 3rd Floor	Toki M. Clark Law Office		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check		200.00		
Full Name of Contributor				Registration Number, if PAC			
John H. Bates (Ct appointee receiving aggregate comp in excess of \$250 in current or prev. 6 years)							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
495 S. High Street, Suite 400	Attorney; lawfirm		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check		100.00		
Full Name of Contributor				Registration Number, if PAC			
Anthony O. Mancuso (Ct appointee rec'g aggregate comp in excess of \$250 in current or prev. 6 years)							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
135 N. Hamilton Road	Attorney; lawfirm		0	9	0	1	0
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230	Check		100.00		

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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 \$ 900.00

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 Christopher J. Minnillo (Ct appointee rec'g agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 1500 W. Third Ave., Suite 210	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Blaise Baker (Court appointee receiving agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 600 S. High Street, Suite 201	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Vorys, Sater, Seymour and Pease LLP				Registration Number, if PAC OH109	
Street Address 52 E. Gay St., P.O. Box 1008	Employer/Occupation/Labor Organization* Lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Donald F. Kelch, Jr.				Registration Number, if PAC	
Street Address 5216 Dierker Road	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kelly Jines-Storey (Ct appointee receiving agg. comp in excess of				Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 707 Tree Bend Ct.	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 283 S. 3rd Street	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David Goldstein				Registration Number, if PAC	
Street Address 150 S. Roosevelt	Employer/Occupation/Labor Organization* Attorney; lawfirm		M 0	D 9	Y 0
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 200.00

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Total contributions this event

Total expenditures this event

Page Total \$ 1,700.00

Page Total \$ 1,700.00

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 Jon J. Saia (Ct appointee receiving agg. compensation in excess of			Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 713 S. Front St.	Employer/Occupation/Labor Organization* Attorney; lawfirm		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor David C. Young (Ct appointee receiving agg. comp in excess of			Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 495 S. High St., Ste. 400	Employer/Occupation/Labor Organization* Attorney; lawfirm		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Nicholas E. Vassy			Registration Number, if PAC	
Street Address 555 S. Third Street	Employer/Occupation/Labor Organization* Dye Law Office		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Gerald T. Noel, Jr.			Registration Number, if PAC	
Street Address 857 South High Street	Employer/Occupation/Labor Organization* Gerald T. Noel, Jr. Co. LPA		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Ross & Midian (Ct appointee rec'g agg. compensation in excess of			Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 577 South High Street	Employer/Occupation/Labor Organization* Attorney; lawfirm		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph R. Landusky II (Ct appointee rec'g agg. comp in excess of			Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 901 South High Street	Employer/Occupation/Labor Organization* Attorney; lawfirm		M D Y 0 9 0 1 0 9	Amount 200.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Bertha Duran (Ct appointee rec'g agg. compensation in excess of			Registration Number, if PAC \$250 in current or prev. 6 years)	
Street Address 786 S. Front St	Employer/Occupation/Labor Organization* Attorney; lawfirm		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check	

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Total contributions this event

Total expenditures this event

Page Total \$ 800.00

Page Total \$ 800.00

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	
Citizens for Julia L. Dorrian			
Full Name of Contributor J. Scott Weisman		Registration Number, if PAC	
Street Address 601 S. High St., 1st. Fl.	Employer/Occupation/Labor Organization* Attorney; lawfirm	M D Y 0 9 0 1 0 9	Amount 150.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert F. Krapenc		Registration Number, if PAC	
Street Address 601 S. High Street, 1st Floor		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Tunney Lee King		Registration Number, if PAC	
Street Address 380 S. Fifth St.		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor William S. Ireland		Registration Number, if PAC	
Street Address 85 Liberty St.		M D Y 0 9 0 1 0 9	Amount 150.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor R. William Meeks		Registration Number, if PAC	
Street Address 511 S. High St.		M D Y 0 9 0 1 0 9	Amount 200.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Bernard Z. Yavitch		Registration Number, if PAC	
Street Address 592 S. Third St.		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Shaw & Miller (Ct appointee rec'g agg. compensation in excess of \$250 in current or prev. 6 years)		Registration Number, if PAC	
Street Address 555 City Park Avenue		M D Y 0 9 0 1 0 9	Amount 100.00
City Columbus	State Zip Code OH 43215	Form(Cash,Check,etc) Check	

* 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

Total expenditures this event

Page Total \$ 900.00

