

FILED

# Ohio Campaign Finance Report

09 APR 23 PM 1:43

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>65 E. State Street, Suite 500</b>					Office Sought <b>Municipal Judge</b>			District	
City <b>Columbus</b>					State <b>O H</b>		Zip Code <b>43215</b>		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
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
							0	5	0
							0	5	0
							9		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	\$	319.73
2. Total monetary contributions (From Form No. 31-A)	\$	19,525.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	19,844.73
5. Total monetary expenditures (From Form No. 31-B)	\$	2,751.09
6. Balance on hand (line 4 minus line 5)	\$	17,093.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,612.03
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

*Mary S. Duffey, Treasurer*

4/23/09  
Date

Contribution pages 3

Expenditure pages 2

Other pages 39

Total pages 44

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Julie L. Dorrian</b>							
Full Name of Contributor <b>Patrick H. Boggs</b>					Registration Number, if PAC		
Street Address <b>1730 Doone Rd.</b>		Employer/Occupation/Labor Organization* <b>Onda LaBuhn Rankin</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>2</b>	Y <b>3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Patrick H. Boggs</b>					Registration Number, if PAC		
Street Address <b>1730 Doone Rd.</b>		Employer/Occupation/Labor Organization* <b>Onda LaBuhn Rankin</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>1</b>	Y <b>3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>I.B.E.W. - C.O.P.E.</b>					Registration Number, if PAC		
Street Address <b>900 Seventh Street, N.W.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	M <b>0</b>	D <b>1</b>	Y <b>3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Robert Gray Palmer</b>					Registration Number, if PAC		
Street Address <b>185 Rustic Pl.</b>		Employer/Occupation/Labor Organization* <b>Robert Gray Palmer Co., LPA</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>1</b>	Y <b>3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Kathleen A. Ballenger</b>					Registration Number, if PAC		
Street Address <b>5839 Clark State Rd.</b>		Employer/Occupation/Labor Organization* <b>Kessler &amp; Ballenger Co., LPA</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Joshua D. Corna</b>					Registration Number, if PAC		
Street Address <b>2375 Andover Rd.</b>		Employer/Occupation/Labor Organization* <b>Corna Kokosing</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Karl R. Gebhardt</b>					Registration Number, if PAC		
Street Address <b>6796 Regency Dr.</b>		Employer/Occupation/Labor Organization* <b>Paul Werth Associates</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>The Huntington Bancshares Incorporated</b>					Registration Number, if PAC <b>HBI-PAC (C00165589)</b>		
Street Address <b>41 South High Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>500.00</b>	

\* 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 <b>Citizens for Julie L. Dorrian</b>						
Full Name of Contributor <b>Sandra McIntosh</b>				Registration Number, if PAC		
Street Address <b>2453 Limestone Way</b>		Employer/Occupation/Labor Organization* <b>Freund Freeze &amp; Arnold</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	M <b>0</b>	D <b>2</b>	Y <b>1109</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Stephen C. Findley</b>				Registration Number, if PAC		
Street Address <b>5738 Ennishannon Place</b>		Employer/Occupation/Labor Organization* <b>Freund Freeze &amp; Arnold</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>2</b>	Y <b>1209</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Vorys Sater Seymour and Pease LLP</b>				Registration Number, if PAC <b>OH109</b>		
Street Address <b>52 E. Gay Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>2</b>	Y <b>1209</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Kagay, Albert, Diehl &amp; Groeber</b>				Registration Number, if PAC		
Street Address <b>6877 N. High Street, Suite 300</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>1</b>	Y <b>2609</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Shawn R. Dominy</b>				Registration Number, if PAC		
Street Address <b>3837 Attucks Drive</b>		Employer/Occupation/Labor Organization* <b>Attorney at Law</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>1</b>	Y <b>2409</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Bricker &amp; Eckler LLP State Political Action Committee</b>				Registration Number, if PAC <b>OH821</b>		
Street Address <b>100 S. Third Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>1</b>	Y <b>2309</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Frederick J. Simon</b>				Registration Number, if PAC		
Street Address <b>75 E. Wilson Bridge Road</b>		Employer/Occupation/Labor Organization* <b>Attorney at Law</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>1</b>	Y <b>1909</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Mark Corna</b>				Registration Number, if PAC		
Street Address <b>19153 Chelton Wood</b>		Employer/Occupation/Labor Organization* <b>Corna Kokosing</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>1</b>	Y <b>1609</b>	Amount <b>250.00</b>

\* 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 <b>Citizens for Julie L. Dorrian</b>						
Full Name of Contributor <b>Rosemary Ebner Pomeroy</b>				Registration Number, if PAC		
Street Address <b>200 East Campus View Blvd.</b>		Employer/Occupation/Labor Organization* <b>Attorney at Law</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>1</b>	Y <b>2</b>	Amount <b>250.00</b>
Full Name of Contributor <b>McNees Wallace &amp; Nurick LLC</b>				Registration Number, if PAC		
Street Address <b>PO Box 1166</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Harrisburg</b>	State <b>PA</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Mary A. Duffey</b>				Registration Number, if PAC		
Street Address <b>4740 Hayden Run Road</b>		Employer/Occupation/Labor Organization* <b>Peck Shaffer &amp; Williams</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Mark C. Ryan</b>				Registration Number, if PAC		
Street Address <b>3700 Prestwoud Close</b>		Employer/Occupation/Labor Organization* <b>Midwest Electric</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Total Contributions from Form 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <b>13,625.00</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	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 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				Registration Number, if PAC	
Thomas J. O'Brien					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1835 N. Devon Road	Bricker & Eckler	0	1	3	250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43212	Check		
Full Name of Contributor				Registration Number, if PAC	
Thomas J. Grote					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
982 Jaeger St.	Donato's Pizza	0	1	3	500.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43206	Check		
Full Name of Contributor				Registration Number, if PAC	
J. Randall Schoedinger					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1882 N. Devon Road	Schoedinger Funeral Home	0	1	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43212	Check		
Full Name of Contributor				Registration Number, if PAC	
Ronald L. Rowland					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
821 Old Woods Rd.	Vorys, Sater, Seymour and	0	1	3	250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43235	Check		
Full Name of Contributor				Registration Number, if PAC	
Thomas L. Long					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2565 Leeds Road	Baker & Hostetler	0	1	3	250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43221	Check		
Full Name of Contributor				Registration Number, if PAC	
Alex Wightman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
184 E. Beck Street	Baker & Hostetler	0	1	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43206	Check		
Full Name of Contributor				Registration Number, if PAC	
Sherri Blank Lazear					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
258 N. Parkview Avenue	Baker & Hostetler	0	1	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Bexley	OH	43209	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 \$ 1,550.00

## 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				OH 125			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Baker & Hostetler		Lawfirm		0	1	3	500.00
Street Address		City		Form(Cash,Check,etc)			
3200 National City Center		Cleveland		Check			
State		Zip Code					
OH		44114					
Full Name of Contributor				Registration Number, if PAC			
Chad A. Readler							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
769 1/2 S. 3rd St.		Jones Day		0	1	3	250.00
City		State		Form(Cash,Check,etc)			
Columbus		OH		Check			
Zip Code							
43206							
Full Name of Contributor				Registration Number, if PAC			
Wiles, Boyle, Burkholder & Bringardner Co., LPA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
300 Spruce Street		Lawfirm		0	1	3	1,000.00
City		State		Form(Cash,Check,etc)			
Columbus		OH		Check			
Zip Code							
43215							
Full Name of Contributor				Registration Number, if PAC			
Robert J. Cochran							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
120 W. Como Avenue		Schottenstein, Zox & Dunn		0	1	3	250.00
City		State		Form(Cash,Check,etc)			
Columbus		OH		Check			
Zip Code							
43202							
Full Name of Contributor				Registration Number, if PAC			
Elizabeth H. Watts							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1025 Melinda Drive		Chester, Willcox & Saxbe		0	1	3	250.00
City		State		Form(Cash,Check,etc)			
Westerville		OH		Check			
Zip Code							
43081							
Full Name of Contributor				Registration Number, if PAC			
Carlile, Patchen & Murphy LLP							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
366 East Broad Street		Lawfirm		0	1	3	250.00
City		State		Form(Cash,Check,etc)			
Columbus		OH		Check			
Zip Code							
43215							
Full Name of Contributor				Registration Number, if PAC			
Brett L. Miller							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
38 E. Mithoff		Buckingham, Doolittle & B		0	1	3	125.00
City		State		Form(Cash,Check,etc)			
Columbus		OH		Check			
Zip Code							
43206							

\* 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 \$ 2,625.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Julia L. Dorrian		Buckingham, Doolittle & B		0	1	3	250.00
Full Name of Contributor Donald B. Leach, Jr.		Registration Number, if PAC					
Street Address 191 W. Nationwide Blvd., Suite 300		City Columbus		Form(Cash,Check,etc) Check			
Christy L. Hune		Jones Day		0	1	3	250.00
Full Name of Contributor Christy L. Hune		Registration Number, if PAC					
Street Address 203 E. Beck St.		City Columbus		Form(Cash,Check,etc) Check			
Ranjan Manoranjan		3SG		0	1	3	250.00
Full Name of Contributor Ranjan Manoranjan		Registration Number, if PAC					
Street Address 344 Cramer Creek Ct.		City Dublin		Form(Cash,Check,etc) Check			
Peter W. Hahn		Buckingham, Doolittle & B		0	1	3	125.00
Full Name of Contributor Peter W. Hahn		Registration Number, if PAC					
Street Address 4245 Reedbury Ln.		City Upper Arlington		Form(Cash,Check,etc) Check			
Steven D. Farrell		Farrell Consulting		0	1	3	250.00
Full Name of Contributor Steven D. Farrell		Registration Number, if PAC					
Street Address 838 S. Third St.		City Columbus		Form(Cash,Check,etc) Check			
Carol O. Ray		Chester, Willcox & Saxbe		0	1	3	250.00
Full Name of Contributor Carol O. Ray		Registration Number, if PAC					
Street Address 2030 Tremont Road		City Columbus		Form(Cash,Check,etc) Check			
Isaac, Brant, Ledman & Teetor LLP				0	1	3	500.00
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP		Registration Number, if PAC					
Street Address 250 East Broad Street		City Columbus		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 \$ 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		Registration Number, if PAC	
Citizens for Julia L. Dorrian			
Full Name of Contributor John S. Marshall		Registration Number, if PAC	
Street Address 324 Fallis Road	Employer/Occupation/Labor Organization* Marshall and Morrow LLC	M   D   Y 0   1   3   0   0   9	Amount 500.00
City Columbus	State   Zip Code OH   43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Citizens for Dorrian Committee		Registration Number, if PAC	
Street Address 425 Derrer Road		M   D   Y 0   1   3   0   0   9	Amount 250.00
City Columbus	State   Zip Code OH   43204	Form(Cash,Check,etc) Check	
Full Name of Contributor James L. Abrams		Registration Number, if PAC	
Street Address 7643 Goodrich Square, S.		M   D   Y 0   1   3   0   0   9	Amount 250.00
City New Albany	State   Zip Code OH   43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Sean A. Mentel		Registration Number, if PAC	
Street Address 175 S. 3rd Street, Suite 800		M   D   Y 0   1   3   0   0   9	Amount 500.00
City Columbus	State   Zip Code OH   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Sandra McIntosh		Registration Number, if PAC	
Street Address 2453 Limestone Way		M   D   Y 0   1   3   0   0   9	Amount 250.00
City Columbus	State   Zip Code OH   43228	Form(Cash,Check,etc) Check	
Full Name of Contributor John P. Johnson		Registration Number, if PAC	
Street Address 501 S. High Street		M   D   Y 0   1   3   0   0   9	Amount 100.00
City Columbus	State   Zip Code OH   43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Bailey Cavalieri LLC		Registration Number, if PAC	
Street Address 10 W. Broad St., Ste 2100		M   D   Y 0   1   3   0   0   9	Amount 500.00
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 \$ 2,350.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Julia L. Dorrian</b>							
Full Name of Contributor <b>Tyack Blackmore &amp; Liston Co., LPA</b>				Registration Number, if PAC			
Street Address <b>536 South High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	0
				0	0	9	250.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Darius N. Kandawalla</b>				Registration Number, if PAC			
Street Address <b>228 W. Hubbard Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Bailey Cavaleri LLC</b>		0	1	3	0
				0	0	9	575.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Jack D'Aurora</b>				Registration Number, if PAC			
Street Address <b>501 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Luper Neidenthal &amp; Logan</b>		0	1	3	0
				0	0	9	100.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43054</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Carpenter Lipps &amp; Leland</b>				Registration Number, if PAC			
Street Address <b>280 Plaza, Suite 1300</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	0
				0	0	9	250.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Grange Mutual Casualty Company Ohio PAC</b>				Registration Number, if PAC <b>CP677</b>			
Street Address <b>650 S. Front Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	0
				0	0	9	250.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Jill K. Tangeman</b>				Registration Number, if PAC			
Street Address <b>1138 Sea Shell Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Vorys, Sater, Seymour &amp; Pe</b>		0	1	3	0
				0	0	9	250.00
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Law Office of Jeffrey H. Jordan</b>				Registration Number, if PAC			
Street Address <b>PO Box 30863</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	0
				0	0	9	100.00
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>		Form(Cash,Check,etc) <b>Check</b>			

\* 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 \$ 1,775.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Julia L. Dorrian</b>					
Full Name of Contributor <b>William D. Dargusch</b>				Registration Number, if PAC	
Street Address <b>2120 E. Broad Street</b>		Employer/Occupation/Labor Organization* <b>Metropolitan Partners LLC</b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Christie Angel</b>				Registration Number, if PAC	
Street Address <b>206 Beck Street</b>		Employer/Occupation/Labor Organization* <b>Sean P. Dunn &amp; Associates</b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeffrey Poth</b>				Registration Number, if PAC	
Street Address <b>1771 Cambridge Blvd.</b>		Employer/Occupation/Labor Organization* <b>Jeffrey M. Poth, Attorney at Law</b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Nelson M. Reid</b>				Registration Number, if PAC	
Street Address <b>8252 Spruce Needle Ct.</b>		Employer/Occupation/Labor Organization* <b>Bricker &amp; Eckler</b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>400.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Daniel J. Gunsett</b>				Registration Number, if PAC	
Street Address <b>847 Robbins Way</b>		Employer/Occupation/Labor Organization* <b>Baker &amp; Hostetler</b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>100.00</b>
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Murray Murphy Moul &amp; Basil LLP</b>				Registration Number, if PAC	
Street Address <b>1533 Lakeshore Dr.</b>		Employer/Occupation/Labor Organization* <b></b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Kerry Thomas Boyle</b>				Registration Number, if PAC	
Street Address <b>1959 Wickford Road</b>		Employer/Occupation/Labor Organization* <b>Wiles, Boyle, Burkholder &amp; Associates</b>		M   D   Y <b>0   1   3   0   0   9</b>	Amount <b>100.00</b>
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 1,600.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Julia L. Dorrian</b>							
Full Name of Contributor <b>Susan E. Boyle</b>			Registration Number, if PAC				
Street Address <b>1225 Brittany Lane</b>		Employer/Occupation/Labor Organization* <b>Unemployed</b>		M	D	Y	Amount
				<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>
				<b>0</b>	<b>0</b>	<b>9</b>	<b>100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Chester Willcox &amp; Saxbe Good Government Fund</b>			Registration Number, if PAC <b>OH843</b>				
Street Address <b>65 E. State Street, Ste. 1000</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>
				<b>0</b>	<b>0</b>	<b>9</b>	<b>500.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Porter, Wright, Morris &amp; Arthur LLP</b>			Registration Number, if PAC				
Street Address <b>41 South High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>
				<b>0</b>	<b>0</b>	<b>9</b>	<b>250.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Crabbe, Brown &amp; James</b>			Registration Number, if PAC				
Street Address <b>500 S. Front St., Ste. 1200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>
				<b>0</b>	<b>0</b>	<b>9</b>	<b>1,000.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* 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  
13,625.00

Total expenditures this event  
717.36

Page Total \$ 1,850.00