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R.C. 3517.10

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# Ohio Campaign Finance Report

Franklin County  
BOARD OF ELECTIONS

Prescribed by Secretary of State 02/01

Full Name of Committee <b>Citizens for Dorrian Committee</b>						Registration Number, if PAC				
Full Name of Candidate <b>Hugh J. Dorrian</b>										
Street Address <b>425 Derrer Rd.</b>						Office Sought <b>City Auditor</b>		District		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43204</b>		
Type of Report <input checked="" type="checkbox"/> X to be included in report	<input checked="" type="checkbox"/> Pre-Primary		<input type="checkbox"/> Post-Primary		<input type="checkbox"/> Pre-General		<input type="checkbox"/> Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination			
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
						1 1		0 8		0 5

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 reported for pre-primary report	\$	1,790.32	✓
2. Total primary contributions (from Form BR-101)	\$	45,955.00	
3. Total other income (from Form BR-101)	\$	0.01	✓
4. Total funds available (sum of lines 2, 3)	\$	47,745.33	
5. Total primary expenditures (from Form BR-101)	\$	19,163.46	✓
6. Expenditures made from (continue line 5)	\$	28,581.87	
7. Value of in-kind contributions made from (from Form BR-101)	\$		
8. Value of in-kind contributions made from (from Form BR-101)	\$		
9. Contributions made evenly received from (from Form BR-101)	\$		
10. Circumstances determined by campaign (from Form BR-101)	\$		
11. Outstanding amount owed to committee (from Form BR-101)	\$		
12. Value of independent expenditures made from (from Form BR-101)	\$		
13. Total independent expenditures made	\$		
Sum of lines 2, 7 and amount of any non-candidate contributions	\$		

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 **04/20/05** Date

Contribution pages 17

Expenditure pages 5

Other pages 15

Total pages 37

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>						
Full Name of Contributor <b>Contributions form form No. 31 E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>45705.00</b>	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor <b>National City Corporation</b>				Registration Number, if PAC <b>CP 256</b>		
Street Address <b>1900 E Ninth St</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44114</b>	M <b>0</b>	D <b>2</b>	Y <b>2   3   0   5</b>	Amount <b>250.00</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
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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>					
Full Name <b>Planks Café</b>			Registration Number, if PAC		
Address <b>743 Parson Ave</b>	Type* <b>R   E</b>		M <b>1</b>	D <b>2</b>	Y <b>3   1   0   4</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>adj.</b>		Amount <b>0.01</b>
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address			M	D	Y
City			Form(Cash,Check,etc)		Amount

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>							
To Whom Paid <b>Ohio Ethics Commision</b>				M	D	Y	Amount
				0	1	2	0
				0	5		25.00
Address <b>8 E Long St</b>		Purpose <b>Fees</b>					
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Check Number <b>2115</b>				
To Whom Paid <b>Franklin County Board of Election</b>				M	D	Y	Amount
				0	1	2	6
				0	5		45.00
Address <b>280 E Broad St</b>		Purpose <b>Fees</b>					
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Check Number <b>2116</b>				
To Whom Paid <b>Weinsenbach Speciality Printing</b>				M	D	Y	Amount
				0	1	3	1
				0	5		310.00
Address <b>437 Holtzman Ave.,</b>		Purpose <b>Stationary</b>					
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43205</b>	Check Number <b>2118</b>				
To Whom Paid <b>St. Charles Preparatory School</b>				M	D	Y	Amount
				0	1	3	1
				0	5		25.00
Address <b>2010 E Broad St.</b>		Purpose <b>Advertising</b>					
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	Check Number <b>2119</b>				
To Whom Paid <b>Postmaster</b>				M	D	Y	Amount
				0	2	0	1
				0	5		74.00
Address		Purpose <b>Stamps</b>					
City	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Check Number <b>2120</b>				
To Whom Paid <b>Hugh J. Dorrian</b>				M	D	Y	Amount
				0	2	0	3
				0	5		3,000.00
Address <b>999 Birchmont Rd</b>		Purpose <b>Loan Repaid</b>					
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	Check Number <b>2121</b>				
To Whom Paid <b>Clintonville Area Commision</b>				M	D	Y	Amount
				0	2	0	4
				0	5		45.00
Address <b>4219 N High St.</b>		Purpose <b>Commision Dinner</b>					
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43214</b>	Check Number <b>2122</b>				
To Whom Paid <b>Expenditures from form 31-F</b>				M	D	Y	Amount
				0	1	2	7
				0	5		12,583.25
Address		Purpose					
City	State	Zip Code	Check Number				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Citizens for Dorrian Committee										
To Whom Paid						M	D	Y	Amount	
AMEX						0	2	15	05	67.04
STE 0001				Purpose						
				Business Lunches						
City		State		Zip Code		Check Number				
Chicago		I   L		60079		2125				
To Whom Paid						M	D	Y	Amount	
0 FCDP						0	2	17	05	1,000.00
Address				Purpose						
222 E Town St				Dinner						
City		State		Zip Code		Check Number				
Columbus		O   H		43215		2126				
To Whom Paid						M	D	Y	Amount	
Franklin County Democratic Party						0	3	03	05	75.00
Address				Purpose						
222 E Town St				Dinner						
City		State		Zip Code		Check Number				
Columbus		O   H		43215		2128				
To Whom Paid						M	D	Y	Amount	
Ohio State University						0	3	03	05	824.00
Address				Purpose						
				Football Tickets						
City		State		Zip Code		Check Number				
Columbus		O   H				2129				
To Whom Paid						M	D	Y	Amount	
CME Visa						0	3	16	05	68.74
Address				Purpose						
365 S Front St				Business Lunches						
City		State		Zip Code		Check Number				
Columbus		O   H		43215		2130				
To Whom Paid						M	D	Y	Amount	
AMEX						0	3	16	05	117.26
Address				Purpose						
STE 0001				Business Lunches						
City		State		Zip Code		Check Number				
Chicago		I   L		60079		2131				
To Whom Paid						M	D	Y	Amount	
Whetstone Post Prom Party						0	3	25	05	50.00
Address				Purpose						
76 Acton Rd				Adversting						
City		State		Zip Code		Check Number				
Columbus		O   H		43214		2133				
To Whom Paid						M	D	Y	Amount	
Connell Maple Lee Florist						0	4	04	05	180.36
Address				Purpose						
P.O. Box 330				Flowers						
City		State		Zip Code		Check Number				
Lebanon		P   A		17042		2135				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>											
To Whom Paid <b>St. Stephens Community House</b>					M	D	Y	Amount			
					0	4	0	5	0	5	60.00
Address <b>1500 E 17th Ave</b>			Purpose <b>Luncheon</b>								
City <b>Columbus</b>			State <b>O</b>	H	Zip Code <b>43219</b>		Check Number <b>2136</b>				
To Whom Paid <b>Buckeye Prining</b>					M	D	Y	Amount			
					0	4	1	2	0	5	613.81
Address <b>217 N Grant Ave</b>			Purpose <b>Palm Cards</b>								
City <b>Columbus</b>			State <b>O</b>	H	Zip Code <b>43215</b>		Check Number <b>2137</b>				
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						

## Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Citizens for Dorrian Committee</b>																		
From Whom Received <b>Hugh J. Dorrian, candidate</b>							Prior Amount		Amt. Incurred this Period <b>3,000.00</b>									
Address <b>999 Birchmont Rd.</b>									Outstanding Balance <b>0.00</b>									
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>		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	\$						
		1	1	2	9	0	4		0	2	0	3	0	5		3000.00		3000.00
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							
<b>City Auditor- City of Columbus</b>																		
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							

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

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

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>				
Full Name of Contributor <b>Guy Amicon</b>			Registration Number, if PAC	
Street Address <b>6005 Alkire Rd</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M   D   Y <b>0   1   1   0   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43119</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richard Pfeiffer Jr.</b>			Registration Number, if PAC	
Street Address <b>238 E. Royal Forest</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M   D   Y <b>0   1   1   0   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Thomas Isaacs</b>			Registration Number, if PAC	
Street Address <b>1197 Three Forks Dr.</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M   D   Y <b>0   1   1   2   0   5</b>	Amount <b>100.00</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Don L. Brown</b>			Registration Number, if PAC	
Street Address <b>3921 Lytham Ct.</b>	Employer/Occupation/Labor Organization* <b>Brown &amp; Co CPA LLC</b>		M   D   Y <b>0   1   1   0   0   5</b>	Amount <b>250.00</b>
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert Jeffrey</b>			Registration Number, if PAC	
Street Address <b>296 Ashbourne Pl.</b>	Employer/Occupation/Labor Organization* <b>Jeffery Co.</b>		M   D   Y <b>0   1   1   1   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Thomas J. Ayers</b>			Registration Number, if PAC	
Street Address <b>488 Clark State Rd</b>	Employer/Occupation/Labor Organization* <b>Not Applicable</b>		M   D   Y <b>0   1   1   2   0   5</b>	Amount <b>250.00</b>
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert J. Weiler</b>			Registration Number, if PAC	
Street Address <b>41 S High St Ste 2250</b>	Employer/Occupation/Labor Organization* <b>The Robert Weiler Co.</b>		M   D   Y <b>0   1   1   3   0   5</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</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, occupation 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 02/01

Name of Committee in Full <b>Citizens for Dorrian Committee</b>					
Full Name of Contributor <b>Richard Pieplow</b>				Registration Number, if PAC	
Street Address <b>357 Betz Rd. N. W.</b>		Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M   D   Y	Amount
City <b>Lancaster</b>		State <b>O   H</b>	Zip Code <b>43130</b>	<b>0   1   1   8   0   5</b>	<b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>Robert McLaughlin</b>					
Street Address <b>105 W. Plum St.</b>				Employer/Occupation/Labor Organization* <b>City of Columbus</b>	
City <b>Westerville</b>		State <b>O   H</b>	Zip Code <b>43081</b>	M   D   Y <b>0   1   1   9   0   5</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>E. B. Sisson</b>					
Street Address <b>100 Urlin Ave. Apt A. 16</b>				Employer/Occupation/Labor Organization* <b>Not Applicable</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43212</b>	M   D   Y <b>0   1   2   0   0   5</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>John E. Jones</b>					
Street Address <b>528 Clark State Rd.</b>				Employer/Occupation/Labor Organization* <b>Not Applicable</b>	
City <b>Gahanna</b>		State <b>O   H</b>	Zip Code <b>43230</b>	M   D   Y <b>0   1   2   0   0   5</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>James P Joyce</b>					
Street Address <b>1335 Dublin Rd. Ste 100B</b>				Employer/Occupation/Labor Organization* <b>HR Gray &amp; Assoc</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M   D   Y <b>0   1   2   4   0   5</b>	Amount <b>5,000.00</b>
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>Daniel R. Helmick</b>					
Street Address <b>2050 Ellington Rd</b>				Employer/Occupation/Labor Organization* <b>SZD Government Adv.</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	M   D   Y <b>0   1   1   5   0   5</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>					
Full Name of Contributor <b>Mark K. Milligan</b>					
Street Address <b>P.O. Box 12333</b>				Employer/Occupation/Labor Organization* <b>Cols/Franklin Affordable</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43212</b>	M   D   Y <b>0   1   2   0   0   5</b>	Amount <b>1,000.00</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, occupation 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 \$ 7,250.00

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

Prescribed by Secretary of State 02/01

Name of Committee in Full										
Citizens for Dorrian Committee										
Full Name of Contributor				Registration Number, if PAC						
Sally W. Bloomfield										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
3741 Romnay Rd		Bricker & Eckler LLP		0	1	1	7	0	5	250.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43220		Check				
Full Name of Contributor				Registration Number, if PAC						
Gregory M Howard										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
3540 Aaron Dr.		City of Columbus		0	1	1	9	0	5	20.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43228		Check				
Full Name of Contributor				Registration Number, if PAC						
Thomas Kaplin										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
207 E Desjer Ave/		Attorney		0	1	1	8	0	5	250.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43206		Check				
Full Name of Contributor				Registration Number, if PAC						
William Faith										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
340 Clinton Heights Ave		Collation Homeless Housir		0	1	1	5	0	5	250.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43202		Check				
Full Name of Contributor				Registration Number, if PAC						
Frank J Cipriano										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
39 E Whitter St		Intrust Land Development		0	1	1	1	0	5	250.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43206		Check				
Full Name of Contributor				Registration Number, if PAC						
John C Rosenberger										
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
804 City Park Ave		Attorney		0	1	1	6	0	5	250.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43206		Check				
Full Name of Contributor				Registration Number, if PAC						
Plumbers & Pipefitters L.U. 189				#6220						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount			
1250 Kinnear Rd.				0	1	1	8	0	5	500.00
City		State		Zip Code		Form(Cash,Check,etc)				
Columbus		OH		43212		Check				

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 1,770.00