

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 Alex Shumate			Registration Number, if PAC		
Street Address 229 Deer Meadow Dr		Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 4 0 5	Amount 250.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor Steven F. Mount			Registration Number, if PAC		
Street Address 8701 Robinhood Cir		Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 4 0 5	Amount 250.00
City Westerville		State O H	Zip Code 43082	Form(Cash,Check,etc) Check	
Full Name of Contributor John Ryan Gall			Registration Number, if PAC		
Street Address 1300 Huntington Center		Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 1 0 5	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Philomena M. Dane			Registration Number, if PAC		
Street Address 4250 Rowanne Rd		Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Donald Shackelford			Registration Number, if PAC		
Street Address 21 E State St STE 1400		Employer/Occupation/Labor Organization* Fifth Third Bank		M D Y 0 1 2 9 0 5	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor M/I Homes PAC			Registration Number, if PAC CPI 1203		
Street Address 3 Easton Oval STE 500		Employer/Occupation/Labor Organization*		M D Y 0 1 2 7 0 5	Amount 250.00
City Columbus		State O H	Zip Code 43219	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerry Hammond			Registration Number, if PAC		
Street Address 88 E Broad St STE 1770		Employer/Occupation/Labor Organization* Hammond & Assoc.		M D Y 0 1 2 0 0 5	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) 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 \$ 1,750.00