

## 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 Dorrian Committee			
Full Name of Contributor <b>John Bentine</b>		Registration Number, if PAC	
Street Address <b>1880 Arlington Ave</b>	Employer/Occupation/Labor Organization* <b>Sr Vice President AMP</b>	M   D   Y <b>0   4   1   1   1   3</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43212</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mork Corna</b>		Registration Number, if PAC	
Street Address <b>10helton Wood</b>	Employer/Occupation/Labor Organization* <b>Corna Kokosing</b>	M   D   Y <b>0   4   0   9   1   3</b>	Amount <b>250.00</b>
City <b>Powell</b>	State   Zip Code <b>O   H   43065</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Columbus Central Ohio Building Trades Council</b>		Registration Number, if PAC <b>PCE 6131</b>	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y <b>0   4   0   4   1   3</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H  </b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Casto Family funding LLC</b>		Registration Number, if PAC	
Street Address <b>191 W Nationwide Blvd Ste 200</b>	Employer/Occupation/Labor Organization* <b>Casto/ Owner</b>	M   D   Y <b>0   4   1   2   1   3</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Columbus Realty Investments LTC</b>		Registration Number, if PAC	
Street Address <b>191 W Nationwide Blvd Ste 200</b>	Employer/Occupation/Labor Organization* <b>Don Casto /Owner</b>	M   D   Y <b>0   4   1   2   1   3</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H  </b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert McDaniel (Total employee contributions 31 G)</b>		Registration Number, if PAC	
Street Address <b>425 Derrer Rd</b>	Employer/Occupation/Labor Organization* <b>City of Cols./Dep Auditor</b>	M   D   Y <b>0   4   1   7   1   3</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H  </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)	

\* 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  
**15,100.00**

Total expenditures this event  
**421.37**

Page Total \$ **1,750.00**