

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 SBC Ohio Employee Political Action Committee				Registration Number, if PAC CP-569	
Street Address 150 E Gay St Room 4a	Employer/Occupation/Labor Organization* 		M 0	D 1	Y 2
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Porter Wright Morris & Arthur LLP				Registration Number, if PAC 	
Street Address 41 S High St.	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 1
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Build Pac of Central Ohio				Registration Number, if PAC OH 135	
Street Address 495 Executive Campus Dr	Employer/Occupation/Labor Organization* 		M 0	D 1	Y 0
City Westerville	State O	Zip Code H 43082	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Bailey Cavalieri LLC				Registration Number, if PAC 	
Street Address 10 W Broad St STE 2100	Employer/Occupation/Labor Organization* Attorney		M 0	D 1	Y 2
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Edward P. Ferris				Registration Number, if PAC 	
Street Address 1959 Collingswood Rd	Employer/Occupation/Labor Organization* EP Ferris & Assoc		M 0	D 1	Y 2
City Upper Arlington	State O	Zip Code H 43221	Form(Cash,Check,etc) Check		Amount 125.00
Full Name of Contributor Charles R Santer				Registration Number, if PAC 	
Street Address 1320 McCoy Rd	Employer/Occupation/Labor Organization* Santer Communities		M 0	D 1	Y 2
City Columbus	State O	Zip Code H 43220	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Joseph A. Ridgeway Jr.				Registration Number, if PAC 	
Street Address 2700 Sherwood Rd	Employer/Occupation/Labor Organization* EP Ferris & Assoc		M 0	D 1	Y 2
City Columbus	State O	Zip Code H 43209	Form(Cash,Check,etc) Check		Amount 125.00

* 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 \$ 3,000.00