

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 McNees, Wallace Nurick LLC/Samuel Randazzo/Thomas Froehle				Registration Number, if PAC			
Street Address 21 East State Street, 17th Floor		Employer/Occupation/Labor Organization* Law Firm		M	D	Y	Amount
				0	8	2	4
				0	9	0	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Vorys Sater Seymour and Pease LLP							
Full Name of Contributor Vorys Sater Seymour and Pease LLP				Registration Number, if PAC OH109			
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	6
				0	9	0	500.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Rhonda R. Johnson							
Full Name of Contributor Rhonda R. Johnson				Registration Number, if PAC			
Street Address 5588 Queens Park Drive		Employer/Occupation/Labor Organization* Columbus Education Ass		M	D	Y	Amount
				0	9	2	7
				0	9	0	50.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael L. Silberstein							
Full Name of Contributor Michael L. Silberstein				Registration Number, if PAC			
Street Address 1093 Fountain Lane, Apt. D		Employer/Occupation/Labor Organization* Northwestern Mutual		M	D	Y	Amount
				0	9	3	0
				0	9	0	50.00
City Columbus		State O H	Zip Code 43213	Form(Cash,Check,etc) Check			
Full Name of Contributor Portman, Foley & Flint, LLP							
Full Name of Contributor Portman, Foley & Flint, LLP				Registration Number, if PAC			
Street Address 471 E. Broad Street, Suite 1820		Employer/Occupation/Labor Organization* Law Firm		M	D	Y	Amount
				0	9	2	3
				0	9	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William D. Dargusch							
Full Name of Contributor William D. Dargusch				Registration Number, if PAC			
Street Address 2120 East Broad Street		Employer/Occupation/Labor Organization* Metropolitan Partners		M	D	Y	Amount
				1	0	0	1
				0	9	0	100.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor William P. DeMora							
Full Name of Contributor William P. DeMora				Registration Number, if PAC			
Street Address 100 Warren Street		Employer/Occupation/Labor Organization* Consultant		M	D	Y	Amount
				1	0	0	1
				0	9	0	50.00
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, 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 \$ 1,100.00

Page Total \$ 1,100.00