7 4gC <u>C</u>

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Julie L. Dorrian				Registration Number, if PAC			
Full Name of Contributor			Registia	non Num	bei, ii r A	C	
Rosemary Ebner Pomeroy	F110	motion/Lohor O-conjuntion*				Form (Cash, Check, etc.)	
Street Address		Employer/Occupation/Labor Organization* Attorney at Law				Check	
200 East Campus View Blvd.						Amount	
City	State	Zip Code	M	D	1	250.00	
Columbus	OH	43235	0 1	urversamen and a series and a	ber, if PA		
Full Name of Contributor			Registra	tion Num	.bei, ii i A	C	
McNees Wallace & Nurick LLC	F 1 /0	ti/I show Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Check	
PO Box 1166	Cara	Zip Code	М	D	Υ	Amount	
City	State	43016	$\begin{vmatrix} 1 & 1 \\ 0 & 2 \end{vmatrix}$	1	1	250.00	
Harrisburg	. PA	43010			ber, if PA	<u>K </u>	
Full Name of Contributor			IXOgisti a	ition ivani	1001, 11 17		
Mary A. Duffey	Tlover/Occ	apation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	1 7 7	naffer & Williams				Check	
4740 Hayden Run Road	State	Zip Code	М	T D	Y	Amount	
City	OH	43221	$\begin{vmatrix} \mathbf{n} \\ 0 \end{vmatrix} 2$	l .	0 9	250.00	
Columbus	JOH	43221					
Full Name of Contributor				Registration Number, if PAC			
Mark C. Ryan	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	1 ' '				Check		
3700 Prestwould Close	State	est Electric  Zip Code	М	D	ΙΥ	Amount	
City	OH	43054	li i	1	0 9		
New Albany Full Name of Contributor	UI	1 43034			ber, if PA		
1	E.		registre	201011 1 10311	1001, 11 1 1		
Total Contributions from Form 31-		upation/Labor Organization*	L			Form (Cash, Check, etc.)	
Street Address	Employer/Occ	apadon Labor Organization					
C'.	State	Zip Code	М	l D	ΙΥ	Amount	
City	State	Zip Code	"			13,625.00	
Full Name of Contributor			Registr	ation Nun	nber, if PA		
run Name of Conditution					,		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
Sirect Address	Zimproy en de						
Cin	State	Zip Code	М	D	Y	Amount	
City	June	Lip code			1 1		
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC	
Full Name of Contributor					,		
Street Address	Employer/Occ	apation/Labor Organization*				Form (Cash, Check, etc.)	
Sheet Address	Jampio) en ee						
City	State	Zip Code	М	D	Y	Amount	
City		D.p ovav					
Full Name of Contributor			Registr	ation Nur	nber, if P	AC	
Pull Maine of Commoutor			Ü		•		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Succi Addices	[Sp.0,01,00				, ,		
City	State	Zip Code	M	D	Y	Amount	
City		T T					
						nome of the	

\* 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)]

Page Total \$ 14,475.00