

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Julie L. Dorrian</b>							
Full Name of Contributor <b>Rosemary Ebner Pomeroy</b>					Registration Number, if PAC		
Street Address <b>200 East Campus View Blvd.</b>		Employer/Occupation/Labor Organization* <b>Attorney at Law</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>1</b>	Y <b>2</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>McNees Wallace &amp; Nurick LLC</b>					Registration Number, if PAC		
Street Address <b>PO Box 1166</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Harrisburg</b>	State <b>PA</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Mary A. Duffey</b>					Registration Number, if PAC		
Street Address <b>4740 Hayden Run Road</b>		Employer/Occupation/Labor Organization* <b>Peck Shaffer &amp; Williams</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Mark C. Ryan</b>					Registration Number, if PAC		
Street Address <b>3700 Prestwoud Close</b>		Employer/Occupation/Labor Organization* <b>Midwest Electric</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Total Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>13,625.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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