

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Contributors in Officeholder's Employ 31G						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 75.00	
Full Name of Contributor Fund Raiser Event 10/25/2009 Form Attached						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 1,800.00	
Full Name of Contributor Murali Ramalingam						Registration Number, if PAC	
Street Address 7426 Mapleleaf Blvd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43235	M 1 1	D 0 2	Y 0 9	Amount 500.00	
Full Name of Contributor Ajith Balaratnarajah						Registration Number, if PAC	
Street Address 7444 Murrayfield Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Worthington	State O H	Zip Code 43085	M 1 1	D 0 2	Y 0 9	Amount 500.00	
Full Name of Contributor George McCue						Registration Number, if PAC	
Street Address 4598 Bridle Path Ln		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1 1	D 0 2	Y 0 9	Amount 150.00	
Full Name of Contributor Ranjan Manoranjan						Registration Number, if PAC	
Street Address 344 Cramer Creek Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1 1	D 0 2	Y 0 9	Amount 250.00	
Full Name of Contributor Suguneswaran Suguness						Registration Number, if PAC	
Street Address 4340 Manor Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1 1	D 0 2	Y 0 9	Amount 250.00	
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 \$ 3,525.00