

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Julie L. Dorrian							
Full Name of Contributor Sandra McIntosh					Registration Number, if PAC		
Street Address 2453 Limestone Way		Employer/Occupation/Labor Organization* Freund Freeze & Arnold			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43228	M 0	D 2	Y 1	Amount 250.00	
Full Name of Contributor Stephen C. Findley					Registration Number, if PAC		
Street Address 5738 Ennishannon Place		Employer/Occupation/Labor Organization* Freund Freeze & Arnold			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43016	M 0	D 2	Y 1	Amount 250.00	
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* 			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 1	Amount 500.00	
Full Name of Contributor Kagay, Albert, Diehl & Groeber					Registration Number, if PAC		
Street Address 6877 N. High Street, Suite 300		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085	M 0	D 1	Y 2	Amount 250.00	
Full Name of Contributor Shawn R. Dominy					Registration Number, if PAC		
Street Address 3837 Attucks Drive		Employer/Occupation/Labor Organization* Attorney at Law			Form (Cash, Check, etc.) Check		
City Powell	State OH	Zip Code 43065	M 0	D 1	Y 2	Amount 250.00	
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee					Registration Number, if PAC OH821		
Street Address 100 S. Third Street		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 1	Y 2	Amount 500.00	
Full Name of Contributor Frederick J. Simon					Registration Number, if PAC		
Street Address 75 E. Wilson Bridge Road		Employer/Occupation/Labor Organization* Attorney at Law			Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085	M 0	D 1	Y 1	Amount 250.00	
Full Name of Contributor Mark Corna					Registration Number, if PAC		
Street Address 19153 Chelton Wood		Employer/Occupation/Labor Organization* Corna Kokosing			Form (Cash, Check, etc.) Check		
City Powell	State OH	Zip Code 43065	M 0	D 1	Y 1	Amount 250.00	

* 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 \$ 2,500.00