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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· · ·					
Citizens for Rachael Dorothy							
Full Name of Contributor				Registration Number, if PAC			
Anne Dicker	Employer/Occup	 L			Form (Cash, Check, etc.)		
Street Address 12 W Mt. Airy Ave				1 2.7	PayPal		
City	State	Zip Code	M	D	Y	Amount	
Philadelphia	P A	19119	0 4		1 3	25.00	
Full Name of Contributor	-		Registrat	ion Num	iber, if PA	С	
Street Address	Employer/Occup	•			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
					1274		
Full Name of Contributor			Registra	tion Num	iber, if PA	C	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Circ	State	Zip Code	М	D	Y	Amount	
City				Ιi			
Full Name of Contributor			Registra	tion Num	nber, if PA	AC .	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
51100(1)444055							
City	State	Zip Code	М	D 	l Y	Amount	
Full Name of Contributor			Registra	tion Nur	nber, if PA	AC	
Street Address	Employer/Occu	n*			Form (Cash, Check, etc.)		
	<u> </u>						
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration						AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Ϋ́	Amount	
City		'	!	1 1	1 1		
full Name of Contributor				Registration Number, if PAC			
	r	pation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)	
Street Address	Employer/Occi				. 6111/ (2251, 61001, 610)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor		, K	Registr	ation Nu	mber, if P	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					
City	State	Zip Code	M	D	Y	Amount	
			10 (1 1)				

* 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 \$ 25.00