Page 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				_		
Name of Committee in Full						
Citizens for Dorrian Committee						
Full Name of Contributor			_	Registration Number, if PAC		
Carpenters Local Union # 200 PCE		ENTI	ENTITY # 10288			
Street Address	Employer/Occ	upation/Labor Organization	*	Form (Cash, Check, etc.)		
1545 Alum Creek Dr.					Check	
City	State	Zip Code	М	D Y	Amount	
Columbus	O F	43209	0 9 2	2 6 0 5	500.00	
Full Name of Contributor				Number, if PA	С	
Edward P. Ferris						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1959 Collingswood Dr.	E.P. Ferris& Assoc.				Check	
City	State	Zip Code	М	D Y	Amount	
Upper Arlington	OIL	43221	019/2	2 6 0 5	200.00	
Full Name of Contributor				Number, if PA		
John F. Harmon				·		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3440 Olentangy River Rd. Apt. 2A	N/A		Check			
City	State	Zip Code	M	D Y	Amount	
Columbus	OLE	; -	1 1	2 6 0 5	100.00	
Full Name of Contributor		40202		n Number, if PA		
Robert W. McLaughlin			Rogistiano	i i i i i i i i i i i i i i i i i i i		
Street Address	Employer/Occ	supation/Labor Organization	1*		Form (Cash, Check, etc.)	
105 W. Plum St.	City of Columbus				Check	
City	State	Zip Code	М	D Y	Amount	
Westervillle	OIL	. '	1 1	$\frac{1}{2} 7 0 5 $		
Full Name of Contributor	1011	1 43001				
Full Name of Contributor Ohio & Vicinity Regional Council, South Central Office Registration Number, if PAC PAC # LA416						
Street Address		cupation/Labor Organization		# LA410	Form (Cash, Check, etc.)	
	Employer/Occ	cupation/Labor Organization				
1394 Courtright Rd.	St	Zip Code	L W	DY	Check Amount	
1 -	State O F		M	- 1		
Columbus Full Name of Contributor	OF	i 43227		2 7 0 5		
John F. Finn Street Address	IF1/O				Farm (Cash Charle sta)	
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3641 Interchange Rd.	N/A State	[a: 6.4.	- 1 1	5 I V	Check	
City Columbus		Zip Code	M	DY	Amount 50.00	
Full Name of Contributor	0 1	1 43204	0 9 2	2 8 0 5		
			Registratio	n Number, if PA	iC .	
Stephen P. Grassbaugh	- In					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
175 S Third St	Attorn				Check	
City	State	Zip Code	M	DY	Amount	
Columbus	0 1	4 43215	0 9 3			
Full Name of Contributor Registration Number, if PAC						
Mary S. Duffey						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4740 Hayden Run Rd.	Attorney			Check		
City	State	Zip Code	M	D Y	Amount	
Columbus	OF	1 43221	[0]9]3	3 0 0 5	100.00	

Page Total \$ 1,650.00

^{*} 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)]