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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			
E.B . Sisson								
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1000 Urlin Ave. Apt A16	N/A				Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	$O \mid H$	43212	0 9	1 9	0 5	100.00		
Full Name of Contributor					ber, if PA	С		
Contributions from Form 31-E								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	i ,		1 0	1 .	1	3,675.00		
Full Name of Contributor								
Tui Name of Commondo		Registration Number, if PAC						
Street Address	Temployer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
Succe Address	Employen				Politi (Casii, Clicon, Cic.)			
C:	State	17:- Co.42	М	D	ΙΥ	A a		
City	State	Zip Code	1 1/1	וו	1	Amount		
				<u> </u>	CD4			
Full Name of Contributor Registration Number, if F						.C		
						·		
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Check, etc.)		
	<u> </u>							
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Num	iber, if PA	C		
·								
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)			
		•						
City	State	Zip Code	М	D	. Y	Amount		
	1	,						
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC		
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)			
		Pano				, , ,		
City	State	Zip Code	М	D	Y	Amount		
City		Zip Code			1	Anjount		
Full Name of Contributor			Dagistra	tion Num	nber, if PA			
run Name of Controllor		• •	Kegisua	IIIOII INUII	1061, 11 17			
0	In 1	ipation/Labor Organization*				- (0 t Obel 141)		
Street Address		Form (Cash, Check, etc.)						
			1	r	T 7.			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Nun	ber, if PA	VC .		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
						} ·		
City	State	Zip Code	М	D	Y	Amount		
						'		

Page Total \$ 3,775.00

^{*} 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)]