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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					
Ray Pendell			 				I = (0.1.0)			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
676 S Sylvan Ave	N/A						Check			
City Columbus	Sta	ite H	Zip Code 43204	м 1 0	$\begin{bmatrix} D \\ 1 \end{bmatrix} 2$	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 5$	Amount	50.00		
Full Name of Contributor	Ü		10201			nber, if PA	C	00.00		
A. James Siebert										
Street Address	Employer	r/Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)		
1040 Bluesail Dr.	DLZ						Check			
City	Sta	ite	Zip Code	M	D	Y	Amount			
Westerville	0	Н	43081	0 9	1 9	0 5		150.00		
Full Name of Contributor	Registration Num						.c			
Columbus Franklin County AFL CIO PCE										
Street Address		r/Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)		
1545 Alum Creek Dr.						Check				
City	Sta	ite	Zip Code	M	D	Y	Amount			
Columbus	0	Н	43209	1 0	2 1	0 5		200.00		
Full Name of Contributor				Registra	tion Nun	nber, if PA	.C			
Sunil Aggarwal										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
7393 Cimmaron Sta	Compuware						Check			
City	Sta		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43235		2 2			100.00		
Full Name of Contributor Registration Number, if PAC										
Nirmal Sinha										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
6470 Meadowbrook	PUC	PUCO						Check		
City	Sta		Zip Code	M	D	Y	Amount	400.00		
Worthington	0	Н	43085		2 1			100.00		
Full Name of Contributor	ı.C									
Suguneswaran S. Suguness				<u> </u>						
Street Address	1	tion/Labor Organization*				Form (Cash, Check, etc.)				
4876 Galway Dr.			ngineering			,	Check			
City			Zip Code	M	D	Y	Amount	400.00		
Dublin	O	Н	43017	1 0	2 5	0 5		100.00		
Full Name of Contributor					Registration Number, if PAC					
Street Address	et Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
Succi / Kalicss	Zinpioj vi					, ,				
City	Sta	ite	Zip Code	M	D	Y	Amount			
Full Name of Contributor Registration Number, if PA						.C				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)			
City	Sta	ite	Zip Code	М	D	Y	Amount			
							l			

* 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 \$ 700.00