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Page 1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full	•						
Citizens for Dorrian Comm	ittee						
Full Name of Contributor			Registra	Registration Number, if PAC			
Tracie Baum							
Street Address		pation/Labor Organizatio	n*			Form (Cash, Check, etc.)	
689 Veron Rd	City of	Columbus	_			Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43209	018	2 3	1 2	10.00	
Full Name of Contributor					ber, if PA		
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Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	<u> </u>	
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Street Address	Employer/Occu	pation/Labor Organizatio	m*			Form (Cash, Check, etc.)	
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City	State	Zip Code	M	1)	Y	Amount	
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Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization	en*			Form (Cash, Check, etc.)	
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Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)	
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Full Name of Contributor			Registra	tion Num	ber, if PA	C	
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State	Zip Code	M	D	Y	Amount	
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* 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 S	10.00