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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Julia L. Dorrian								
			Registrati	on Numi	ner if PA	C.		
Name of Contributor				Registration Number, if PAC				
George D. Daily	To 1 10	eation/Labor Organization	L			Form (Cash, Check, etc.)		
Street Address	1		II [.]			roim (Casil, Check, etc.)		
8460 Morris Road		H.R. Gray				A		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	lo H	43026	0 4	29	0 9	575.00		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occuj	pation/Labor Organizatio		Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor		Registration Number, if P/						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Assemble Control (Assemble Control (Assemble Control (Assemble Control (Assemble Control (Assemble Control (As	Form (Cash, Check, etc.)		
		72: 0.1	Тм	D	Y	Amount		
City	State	Zip Code	101	ע	1	Amount		
Full Name of Contributor Registration Number, if						C		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if						AC .		
Street Address	Employer/Occı	Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if P						4 <i>C</i>		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Nur	nber, if P	AC		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				alaminamento.	and the same of th			

Page Total \$ 575.00

^{*} 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)]