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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Dorrian Committee					*		
Citizens for Dornan Committee			Registrat	Registration Number, if PAC			
Contributors in Officeholder's Em				,			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization					, , ,	
	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	111		1	1,175.00	
			Dogistro	ion Num	ber, if PA		
Full Name of Contributor	A 1 1		Registra	HOH INUH	DEI, II I 7	xC	
Fund Raiser Event 10/25/2009 For	rm Attached					Form (Cash, Check, etc.)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
City				***		5,450.00	
Full Name of Contributor	Registration Number, if				ber, if PA		
Lift Maine of Contributor					,	 SOCIO	
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)	
C:+	State	Zip Code	M	D	Y	Amount	
City		Zap Code			and the same of th		
E HAT COLLEGE AND ADDRESS OF THE COLLEGE AND ADD			Registra	tion Num	ber, if P	A.C.	
Full Name of Contributor			arcogisti a	don ivan	,	•	
Street Address	Employer/Occi	pation/Labor Organization	*			Form (Cash, Check, etc.)	
Sirest Address							
City	State	Zip Code	M	D	Y	Amount	
Chy							
Full Name of Contributor			Registra	tion Nur	ber, if P	AC	
ran Name of Conditionor			21-5		,		
eet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street Address	Employer	apation/2000 organization				` ' ' '	
Cit	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code					
			Pagietre	tion Nun	ber, if P.	A.C.	
Full Name of Contributor			Rogistie	ilion i vali	1001, 11 1 1		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check.							
Street Address	Employer/Occ	upation/Labor Organization	1			Tom (Cush, Chock, etc.)	
		Iz: 0.1	1 34	1 5	Y	Amount	
City	State	Zip Code	M	D	1	Amount	
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Full Name of Contributor Registration No					nber, if P	AC	
	Employer/Occ	upation/Labor Organization	.*			Form (Cash, Check, etc.)	
Street Address	Employer/Occ	upation/Labor Organization	ľ			Tom (outs, onesi, etc.)	
	Ctoto	7:- Code	M	D	ΙΥ	Amount	
City	State	Zip Code	101			Antount	
			D	1 1			
Full Name of Contributor			Kegisus	ation ivui	nber, if P	AC	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
City	State						
8	1	1	1	1	1		

* 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 \$ 6,625.00