Statement of Contributions Received

Prescribed by Secretary of State 3/05

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|---|---|---|---------------------------------|--------------------------|------------------------------|--|
| | | | | | | |
| Citizens for Dorrian Committee Full Name of Contributor | | | Registration Number, if PAC | | | |
| Contributors in Officeholder's Employ 31G | | | | , | | |
| Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| State | Zip Code | M | D | Y | Amount 700.00 | |
| | | Registra | tion Nun | ber, if Pa | | |
| attached | | | | | | |
| Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| State | Zip Code | M | D | Y | Amount 3,150.00 | |
| Registration Number, if P | | | | | | |
| Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| State | Zip Code | М | D | Y | Amount | |
| Registration Number, if P | | | | AC | | |
| Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| State | Zip Code | М | D | Y | Amount | |
| Full Name of Contributor Registration Number, if P | | | | | AC , | |
| Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| State | Zip Code | М | D | Y | Amount | |
| Full Name of Contributor Registration Number, if Pa | | | | | AC | |
| Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| State | Zip Code | М | D | Y | Amount | |
| Registration Number, if Pa | | | | AC | | |
| Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor Registration Number, if PA | | | | | AC | |
| Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| State | Zip Code | M | D | Y | Amount | |
| | Employer/Occu State Employer/Occu | Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* State Zip Code | State Zip Code M Registra | State Zip Code M D | State Zip Code M D Y | |

Page Total \$ 3,850.00

^{*} 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)]