Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		<u> </u>				
Name of Committee in Full						
Citizens for Dorrian Committtee						
Full Name of Contributor			Registra	ation Nur	iber, if PA	AC
Contributrions from form No 31-E						
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	ΙÝ	Amount
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Full Name of Contributor	<u>'</u>		Registra	tion Num	ber, if P	AC .
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City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor	•		Registra	ition Num	ber, if PA	AC
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City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor	•		Registra	ntion Num	ber, if PA	AC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	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 \$	3,800.00