31	-A	
RC	3517	10

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Statement of Contributions Received

Prescribed by Secretary of State 2/0

	Fiescho	eu by se	cretary of State 2/01					
Name of Committee in Full								
Citizens for Dorrian Committee								
Full Name of Contributor	Reg				ation Num	ber, if P	AC	
Marlene Lynn								
Street Address	Employer/Occupation/Labor Organization			Form			Form (Cash, Check, etc.)	
7725 Kelvinway Dr	N/A			Check				
City	s	tate	Zip Code	M	D	Y	Amount	
Worthington	0	Н	43085	0 5	0 1	0 5	20.00	
Full Name of Contributor				Registra	ation Num	ber, if P.	AC	
Frederick M. Gittes								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
723 Oak St	Attorney						Check Check	
City	s	tate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43205	0 5	2 5	0 5	100.00	
Full Name of Contributor				Registra	tion Nurr	ber, if P	AC	
Dan Headapohl								
Street Address			pation/Labor Organization				Form (Cash, Check, etc.)	
1252 Hope Ave.	N/	A		_			Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43212	0 5	2 5	0 5	10.00	
Full Name of Contributor				Registra	tion Nun	ber, if P.	AC	
Street Address	Employ	er/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	S	tate	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registra	tion Nun	ber, if P	AC	
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City	S	tate	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registra	ation Num	ber, if P.	AC	
						_		
Street Address	Employer/Occupation/Labor Organization			For			Form (Cash, Check, etc.)	
City	S	tate	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registra	ation Nurr	ber, if P	AC	
				1				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
							1	
City	s	tate	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registra	tion Num	ber, if P	AC	
Street Address	Employ	er/Occup	pation/Labor Organization				Form (Cash, Check, etc.)	
City	S	tate	Zip Code	M	D	Y	Amount	
			1	1				
* Required for contributions over \$100 to statewide and general as:	sembly candid	ates. If c	contributor is self-employed, oc	cupation ra	ther than	employe	r 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 \$ _____130.00