Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Citizens for Julia L. Dorrian							
Full Name of Contributor			Registration Number, if PAC				
Total Contributions from Form 31-E 9/10/09			regionalism ritimosi, recrito				
Street Address	Employer/Occur					heck, etc.)	
Street Address	Employer	patient baser organization				, , , , , , , , , , , , , , , , , , , ,	,
	State	Zip Code	I M	D	Y	Amount	
City	State	Exp code	,	-	.		4,900.00
			Registra	tion Num	ber, if PA	C	1/200100
Full Name of Contributor Total Contributions from Form 31-E	10/07/00		1.08.311				
		pation/Labor Organization*	<u> </u>			Form (Cash, C	heck, etc.)
Street Address	Employendeed	1987-998-979-			,	,	
A	State	Zip Code	M	T D	ΙΥ	Amount	
City	State	Zip Code					7,450.00
			Registra	tion Num	ber, if PA	<u> </u>	7,400.00
Full Name of Contributor	0 /10 /00		1,0813010	mon ream	001, 11 (71		
Total Contributions from Form 31-E	0/ 19/ U9	pation/Labor Organization*				Form (Cash, C	heck etc)
Street Address	Employer/Occu				ar orin (Cash, Check, etc.)		
	State	Zip Code	I M	T D	Υ	Amount	
City	State	Zip Code	141		,	7 tinodin	500.00
			Daviete	otion Nur	ber, if PA		000.00
Full Name of Contributor			I/CRI201	ation ivan	ibu, ii i A		
James P. Joyce	- TE - 1 - 10 -	pation/Labor Organization*				Form (Cash, C	hack atc.)
Street Address	1 ' '				Check	neck, etc.)	
3893 Criswell Drive		H.R. Gray			Τγ	Amount	
City	State	Zip Code	M	D	1	Amoun	575.00
Columbus	O H	43220	0.4				373.00
Full Name of Contributor			Registra	ation Nun	nber, if PA	(C	
Suzanna Gussler						(C. 1.	
Street Address	1 ' '	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3893 Criswell Drive	City of	City of Columbus			γ	Check	···········
City	State	Zip Code	М	D	Y	Amount	00
Columbus	O : H	43220	0 4				575.00
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC .	
Thomas B. Merritt						al management and a second	
Street Address	1 ' '	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7685 Kestrel Way East	H.R. G	H.R. Gray				Check	
City	State	Zip Code	М	D	Y	Amount	PRI PRI PRI A A A
Dublin	OH	43017	0 4	L 2 9	0 9		575.00
Full Name of Contributor			Registr	ration Nur	nber, if PA	AC .	
Laura R. Merritt							
Street Address	1 ' '	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7685 Kestrel Way East	Verizo	Verizon Wireless				Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	O F.	43017	0 4	ORIGINAL PROPERTY OF THE PARTY			575.00
Full Name of Contributor			Registi	ration Nu	nber, if P	4C	
Brenda L. Daily							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash,	
8460 Morris Road	Summ	Summit Construction				Check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OF	43026	0 4	1 2 9	0.9		575,00
			The second secon				

* 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 \$ 15,725.00