

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 Total Contributions from Form 31-E 9/10/09						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 4,900.00	
Full Name of Contributor Total Contributions from Form 31-E 10/07/09						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 7,450.00	
Full Name of Contributor Total Contributions from Form 31-E 8/19/09						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 500.00	
Full Name of Contributor James P. Joyce						Registration Number, if PAC	
Street Address 3893 Criswell Drive		Employer/Occupation/Labor Organization* H.R. Gray				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 4	D 2 8	Y 0 9	Amount 575.00	
Full Name of Contributor Suzanna Gussler						Registration Number, if PAC	
Street Address 3893 Criswell Drive		Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 4	D 2 8	Y 0 9	Amount 575.00	
Full Name of Contributor Thomas B. Merritt						Registration Number, if PAC	
Street Address 7685 Kestrel Way East		Employer/Occupation/Labor Organization* H.R. Gray				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 4	D 2 9	Y 0 9	Amount 575.00	
Full Name of Contributor Laura R. Merritt						Registration Number, if PAC	
Street Address 7685 Kestrel Way East		Employer/Occupation/Labor Organization* Verizon Wireless				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 4	D 2 9	Y 0 9	Amount 575.00	
Full Name of Contributor Brenda L. Daily						Registration Number, if PAC	
Street Address 8460 Morris Road		Employer/Occupation/Labor Organization* Summit Construction				Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 4	D 2 9	Y 0 9	Amount 575.00	

* 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)]

Page Total \$ 15,725.00