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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

			A4075-000-00-00-00-00-00-00-00-00-00-00-00-0		*******				
Name of Committee in Full									
Citizens for Julia L. Dorrian			-	<del>o'nomo in como so</del>					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Kegler Brown Hill & Ritter	Lawfirm		4.,						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
65 East State Street, Suite 1800	Paper, beverages		0 8		0 9		66.12		
City	State Zip Code		Received at Fundraising Event?						
Columbus	0 H	43215	1	YES		∐NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Mary Duffey		Attorney							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
65 East State Street, Suite 500		Postage, delivery		2 0	0 9		33.73		
City	State	Zip Code		1 0 2 0 0 9 33.73  Received at Fundraising Event?					
Columbus	O H	43215		YES		✓ NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC					
run manic of Controllor	Limpioyer, Occu	Employer, Occupation, Dabor Organization							
Cross Address	Description of I	tem or Service	M	D	Y	Fair Market Valu	e		
Street Address	Description of 1	Description of Item or Service			1				
0.	Ctata	Zip Code	Receive	d at Fund	raising Ev	Leni <sup>9</sup>			
City	State	Trih Code	The course	YES	annene L	NO			
			D c nist	a) Carron management and the contract of the c	har if DA				
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
				<del></del>	1 1/	In Mardard Max			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Valu	c		
				<u> </u>	1	<u> </u>			
City	State	Zip Code	Receive	~	Iraising E				
				YES		NO			
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
NAME OF THE PARTY									
Street Address	Description of 1	Description of Item or Service		D	Y	Fair Market Valu	ie		
City	State	Zip Code	Receive	d at Fund	Iraising E	vent?			
				YES		NO			
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
1. thi I danie of Contitonio	2								
C. All.	Description of Item or Service		M	T D	ΤΥ	Fair Market Valu	ıe		
Street Address	Description of	Description of Rein of Service		1	[				
	Cirti	Tyn Code	Renewa	d at Fun	draising E	vent' <sup>2</sup>			
City	State	Zıp Code	I CECEIVE	YES	araisiig C	NO NO			
					about ICD				
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
				- <del> </del>	1	1,			
Street Address			М	D	Y	Fair Market Vali	ne		
BLOGO 1999									
City	State	Zip Code	Receive		draising E	record .			
	;			YES NO					
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of	Item or Service	М	D	Y	Fair Market Val	ue		
					1				
City	State	Zip Code	Receiv	ed at Fun	draising E	vent?			
the City	5	- P		YES	_	Ои			
8	1	1							

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<sup>\*</sup> 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)]