

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Dennis G. Schwallie					Registration Number, if PAC		
Street Address 8955 Easton Dr.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Pickerington	State O   H	Zip Code 43147	M 0   9	D 3   0	Y 0   5	Amount 100.00	
Full Name of Contributor Contributions from form31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0   8	D 2   6	Y 0   5	Amount 1,880.00	
Full Name of Contributor John C. Rosenberger					Registration Number, if PAC		
Street Address 804 City Park Ave.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43206	M 0   8	D 0   8	Y 0   5	Amount 250.00	
Full Name of Contributor Frank J. Cipriano					Registration Number, if PAC		
Street Address 39 E. Whittier St.		Employer/Occupation/Labor Organization* Land Network			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43206	M 0   9	D 0   9	Y 0   5	Amount 1,000.00	
Full Name of Contributor David C. Hetzler					Registration Number, if PAC		
Street Address 1645 Ridgway Pl.		Employer/Occupation/Labor Organization* DLZ			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43212	M 0   9	D 0   9	Y 0   5	Amount 100.00	
Full Name of Contributor Donald W. Kelley					Registration Number, if PAC		
Street Address 878 Fairway Blvd.		Employer/Occupation/Labor Organization* Developer			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43213	M 0   9	D 1   0	Y 0   5	Amount 500.00	
Full Name of Contributor Edward V. Walsh					Registration Number, if PAC		
Street Address 2316 Severhill Dr.		Employer/Occupation/Labor Organization* Clark Schaeffer Hackett & Co.			Form (Cash, Check, etc.) Check		
City Dublin	State O   H	Zip Code 43016	M 0   9	D 1   1	Y 0   5	Amount 100.00	
Full Name of Contributor Robert H. Jeffrey					Registration Number, if PAC		
Street Address 296 Ashbourne Pl.		Employer/Occupation/Labor Organization* Jeffrey Co.			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43209	M 0   9	D 1   2	Y 0   5	Amount 100.00	

\* 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 \$ 4,030.00