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Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | de composition de la composition della compositi | | and a second | | | | |
|---|---|--|--|---------|-----------------------------|---------|-------------|-----------------------------------|--|
| Citizens for Julia L. Dorrian | | | | | | _ | | | |
| Full Name of Contributor Julia L. Dorrian | | | Regist | ration | Num | iber, i | f PA | C | |
| Street Address 106 Montrose Way | Employer/Occupa Judge, Fra | Employer/Occupation/Labor Organization* Judge, Franklin County Municipal Court | | | | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43214 | 1 C | I | 9 | 0 Y | 8 | Amount \$250.00 | |
| Full Name of Contributor Registration Number, if P. | | | | | | | if PA | С | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | М |) | D | Y | | Amount | |
| Full Name of Contributor | Registration Number, if I | | | | | | if PA | С | |
| Street Address | Employer/Occupa | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | | D | Y | | Amount | |
| Full Name of Contributor | | | Regis | tration | ı Nun | nber, | if PA | .C | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | | D | Y | | Amount | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | | D | Y | | Amount | |
| Full Name of Contributor Registration Nu | | | | | | mber, | if PA | AC | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | | D |) | ď | Amount | |
| Full Name of Contributor Registration Number, if | | | | | | | , if P | AC | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | anamun inka | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | М | | D | 1 | Y | Amount | |
| Full Name of Contributor Registration Number, if | | | | | | , if P. | AC | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | | D | | Y | Amount | |

Page Total \$250.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]