Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				·			· .
THE COMMITTEE TO ELECT DOI	RIS FOR	пп	CF				
Full Name of Contributor	MIO I OIK	JUL	JOE	Registr	ation Nur	nber, if PA	AC .
TOM DORRIS				тодын	anon ivan	noor, ii i r	
Street Address	Employer/0	Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
320 W. PARK DRIVE		•	- - -				CASH
City	State		Zip Code	М	ΤD	Y	Amount
GREENVILLE		Н	45331	0 1			1
Full Name of Contributor			10001			nber, if PA	
MARTHA DORRIS						,	
Street Address	Employer/0	Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
320 W. PARK DRIVE			-				CASH
City	State	=	Zip Code	М	D	Y	Amount
GREENVILLE	0	Н	45331	01	2 2	06	100.00
Full Name of Contributor						ber, if PA	
MICHAEL J. POCOCK							
Street Address	Employer/0	Occupa	ation/Labor Organization*		-		Form (Cash, Check, etc.)
P. O. BOX 141202							CHECK #101
City	State)	Zip Code	M	D	Y	Amount
COLUMBUS		Н	43214	0/1	2 8	0 6	100.00
Full Name of Contributor				Registra		ber, if PA	
JOHN BEHLING							
Street Address	Employer/C	Occupa	ition/Labor Organization*				Form (Cash, Check, etc.)
163 CHARLSTON AVE							CHECK #2883
City	State		Zip Code	M	D	Y	Amount
COLUMBUS		Н	43214	0 3	$0 \mid 4$	0 6	50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
AL H. COOPER							
Street Address	Employer/C)ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
202 BOLLINGEN							CHECK # 1274
City	State		Zip Code	M	D	Y	Amount
BLACKLICK	0	Н	43004			0 6	
Full Name of Contributor				Registra	tion Num	ber, if PA	C
MICHAEL J. POCOCK	15						
Street Address	Employer/C	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
P. O. BOX 141202			la: a .				CHECK # 105
COLLIMBLIC	State		Zip Code	M	D	Y	Amount
COLUMBUS Trull Name of Contributor	O	H	43214			0 6	
Full Name of Contributor CONTRIBITIONS EDOM FORM 2	I 17			Registra	tion Num	ber, if PA	С
CONTRIBUTIONS FROM FORM 32 Street Address			4: /T -1 O: 4: - *				- 22 · · · · · · · · · · · · · · · · · ·
Brock Address	Employer/C	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State		7 in Codo		I B	1 77	
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor		_			1 6	0 6 ber. if PA	1,870.00
CHRISTINA L. CORL				Registra	uon ivum	ber, ii PA	J.
Street Address	Employer/O	cenne	tion/Labor Organization*				Form (Cash, Check, etc.)
5971 OLENTANGY RIVER RD.	Employe/O	ooupai	TOTAL PROOF OF SUITS WITH THE				
City	State	_	Zip Code	М	D	Y	CHECK #2318 Amount
WORTHINGTON		Н	43085-9400		2 2		
110111111101011		11	<u> </u>	0 3	12 2	0 6	150.00

* 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 \$	2,495.00