

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Contributions form form No. 31 E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 45705.00	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor National City Corporation						Registration Number, if PAC CP 256	
Street Address 1900 E Ninth St		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City Cleveland	State O	Zip Code H 44114	M 0	D 2	Y 2	Amount 250.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ **45,955.00**