| Page | 1 | |
|------|---|--|

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | | | |
|--|---|---------|--------------------------|--|-------------|-------------------|--------------------------|-------------|--|
| Citizens for Dorrian Committee | | | | | | | | | |
| Full Name of Contributor | | | | Parietra | tion Num | ber, if PA | C | | |
| | | | | Registra | non rum | υω, π I A | | | |
| K. A. Manoranjan | Ir | /0 | ti-u/I -t Oi-ation# | <u> </u> | | | Form (Cook C | haali ata \ | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | | |
| 344 Cramer Creek Ct. | 3 S G Corp. | | | | | | Check | | |
| City Deal-Line | Sta | te H | Zip Code 43017 | $\begin{bmatrix} M \\ 1 \end{bmatrix} 0$ | D | Y | Amount | 1,000.00 | |
| Dublin | O | 11 | 43017 | | 2 0 | 0 5 ber, if PA | <u> </u> | 1,000.00 | |
| Full Name of Contributor Ajith A. Balaratnarajah | | | | Registra | uon Num | ber, ii PA | i.C | | |
| Street Address | Employer | /Occupa | tion/Labor Organization* | | | | Form (Cash, C | heck etc) | |
| | Employer/Occupation/Labor Organization* | | | ione | | | Check | | |
| 7444 Murrayfield Dr. | Premier Accounting Soluti | | | M D Y | | | Amount | | |
| _ · | 0 | H | Zip Code 43085 | | | | Alloun | 1,250.00 | |
| Worthington | U | 11 | 43063 | $1 \mid 0$ | 2 0 | | | 1,230.00 | |
| Full Name of Contributor | | | | Registra | non Num | ber, if PA | i.C | | |
| Murali Ramalingam | r | | | <u> </u> | | | | | |
| Street Address | | | tion/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 7426 Mapleleaf Blvd. | Premier Accounting Solutions | | | | | Check | | | |
| City | Sta | | Zip Code | M | D | Y | Amount | | |
| Columbus | 0 | H | 43235 | $1 \mid 0$ | 2 0 | 0 5 | | 1,250.00 | |
| Full Name of Contributor | | | | Registra | tion Num | ber, if PA | .C | | |
| J. Lorraine Buonauro | | | | | | _ | | | |
| Street Address | Employer | /Occupa | tion/Labor Organization* | | | | Form (Cash, C | heck, etc.) | |
| 1456 Thurell Rd. | N/A | 4 | | | | | Check | | |
| City | Sta | te | Zip Code | М | D | Y | Amount | | |
| Columbus | 0 | Н | 43229 | 1 0 | 1 9 | 0 5 | | 20.00 | |
| Full Name of Contributor | • | | | | | ber, if PA | .C | | |
| Smith & Hale | | | | | | | | | |
| Street Address | Employer | /Occupa | tion/Labor Organization* | | | | Form (Cash, C | heck, etc.) | |
| 37 W. Broad St. | Attorneys | | | | | | Check | | |
| City | Sta | | Zip Code | М | D | Y | Amount | | |
| Columbus | lοι | Н | 43215 | 1 0 | 017 | 0 5 | | 250.00 | |
| Full Name of Contributor | Ü | | 10220 | | | | Ċ | | |
| Full Name of Contributor Ohio AFSCME United Political PCE 6089 | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, C | heck, etc.) | | |
| 6805 Oak Creek Dr. | | | | | | | Check | , , | |
| City | Sta | te | Zip Code | М | D | Y | Amount | | |
| Columbus | 0 | | 43229 | 1 | | 0 5 | | 1,000.00 | |
| Full Name of Contributor | U | | 1022) | | | ber, if PA | | 1,000.00 | |
| Warren Tyler | | | | registra | iton i vani | 001, 11 1 1 1 | | | |
| Street Address | Employer | /Occupa | tion/Labor Organization* | | | | Form (Cash, C | hack atc.) | |
| | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | | |
| 3409 River Seine St. | N/A | | 7: 0.1- | <u> </u> | Б. | 1 37 | Check | | |
| ^{City} Columbus | Sta O | H | Zip Code 43221 | M | D | Y O E | Amount | 250.00 | |
| | 0 | | 43221 | | 1 5 | 0 5 ber, if PA | | 250.00 | |
| Full Name of Contributor Build Pac of Central Ohio | | | | - | 135 135 | oci, ii PA | | | |
| Street Address | Employer | /Occupa | tion/Labor Organization* | | | | Form (Cash, C | heck, etc.) | |
| 495 Executive Campus Dr. | | • | | | | | Check | | |
| City | Sta | te | Zip Code | M | D | Y | Amount | | |
| Westerville | 0 | Н | 43082 | 1 0 | 1 1 | 0 5 | | 500.00 | |

Page Total \$ 5,520.00

^{*} 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)]