

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Columbus/Central Ohio Building & Construction Trades Council						Registration Number, if PAC PAC # LA1214	
Street Address 555 E. Rich St. #217		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 6	Y 0 5	Amount 250.00	
Full Name of Contributor Ty D. Marsh						Registration Number, if PAC	
Street Address 57 Riverview Park Dr.		Employer/Occupation/Labor Organization* Chamber of Commerce				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 7	Y 0 5	Amount 100.00	
Full Name of Contributor Ronald W. Eifert						Registration Number, if PAC	
Street Address 7052 Lansdowne St.		Employer/Occupation/Labor Organization* Engineer				Form (Cash, Check, etc.) Check	
City Worthington	State O H	Zip Code 43085	M 0 9	D 1 8	Y 0 5	Amount 100.00	
Full Name of Contributor Nationwide Better Citizenship Fd OH259						Registration Number, if PAC OH259	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 9	Y 0 5	Amount 500.00	
Full Name of Contributor Vorys Sater Seymour and Pease LLP						Registration Number, if PAC	
Street Address 52 E. Gay St., P.O. Box 1008		Employer/Occupation/Labor Organization* Attorneys				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 0	Y 0 5	Amount 1,000.00	
Full Name of Contributor Ben Groves						Registration Number, if PAC	
Street Address 10455 Grant Ln. NW		Employer/Occupation/Labor Organization* Service Supply				Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 9	D 2 1	Y 0 5	Amount 200.00	
Full Name of Contributor Dale E. Balser						Registration Number, if PAC	
Street Address 4438 Mobile Dr. Apt. 104		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 9	D 2 3	Y 0 5	Amount 100.00	
Full Name of Contributor Fraternal Order of Police						Registration Number, if PAC	
Street Address 520 S. High St., Suite 205		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 6	Y 0 5	Amount 500.00	

* 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 \$ 2,750.00