

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Dorrian Committee</b>							
Full Name of Contributor <b>Michael Sexton</b>					Registration Number, if PAC		
Street Address <b>984 Highland St</b>		Employer/Occupation/Labor Organization* <b>City of Columbus</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43201</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>James Mentel</b>					Registration Number, if PAC		
Street Address <b>653 Crescent Rd</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43204</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Michael Scoliere</b>					Registration Number, if PAC		
Street Address <b>4603 Gwynedd Ct</b>		Employer/Occupation/Labor Organization* <b>Scoliere and Associates</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>1   0</b>	D <b>2   5</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Robert F Howarth Jr</b>					Registration Number, if PAC		
Street Address <b>325 S Parkview Ave</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>3   1</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>IBEW Pac Voluntary Fund</b>					Registration Number, if PAC <b>C00027342</b>		
Street Address <b>900 Seventh St N.W.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Washington</b>	State <b>D   C</b>	Zip Code <b>20001</b>	M <b>1   0</b>	D <b>2   9</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Peter Cass</b>					Registration Number, if PAC		
Street Address <b>305 Olentangy St</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43202</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
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 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 \$ 550.00