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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Julia L. Dorrian							
Full Name of Contributor			Regist	ion Mur	nber, if PA		
Julia L. Dorrian			11051011	alion man	11061, 11 1 7	AC .	
Street Address	Employer/Occu	upation/Labor Organization				Form (Cash, Check, etc.)	
130 Northridge Rd.		Thanon Ciemina	I.				
City	State	Zip Code	- I M		T 17	Check	
Columbus		. •	M	D	Y	Amount 1 000 00	
Full Name of Contributor	O H	43214	0 3				
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor Registration Number, if P.					ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization	,			Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registra	ation Num	ber, if PA	C	
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ition Num	ber, if PA	С	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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City	State	Zip Code	T M	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
	1	-					
Full Name of Contributor Re				Registration Number, if PAC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	T7:- C-1-		T	,		
	State	Zip Code	M	D	Y 	Amount	
Full Name of Contributor			Registra	tion Numb	ber, if PA	2	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
						•	
City	State	Zip Code	M	D	Y	Amount	
guired for contributions from individuals over \$100 to got in 1				ldot			

* 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 \$	1,000.00