

FILED

Ohio Campaign Finance Report

DEC -8 PM 2:17

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Dorrian Committee							Registration Number, if PAC		
Full Name of Candidate Hugh J. Dorrian									
Street Address 425 Derrer Rd					Office Sought City Auditor			District	
City Columbus						State O H	Zip Code 43204		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		2009
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M 1 1	D 0 3	Y 0 9	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 7,080.75
2. Total monetary contributions (From Form No. 31-A)	\$ 3,525.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 10,605.75
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,013.73
6. Balance on hand (line 4 minus line 5)	\$ 8,592.02
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$ 0.00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Robert L. McDaniel, Treasurer

Robert L. McDaniel

12-8-09

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 3

Expenditure pages 1

Other pages 3

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Contributors in Officeholder's Employ 31G					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
						75.00	
Full Name of Contributor Fund Raiser Event 10/25/2009 Form Attached					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
						1,800.00	
Full Name of Contributor Murali Ramalingam					Registration Number, if PAC		
Street Address 7426 Mapleleaf Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 1	D 0 2	Y 0 9	Amount 500.00	
Full Name of Contributor Ajith Balaratnarajah					Registration Number, if PAC		
Street Address 7444 Murrayfield Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 1	D 0 2	Y 0 9	Amount 500.00	
Full Name of Contributor George McCue					Registration Number, if PAC		
Street Address 4598 Bridle Path Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 1	D 0 2	Y 0 9	Amount 150.00	
Full Name of Contributor Ranjan Manoranjan					Registration Number, if PAC		
Street Address 344 Cramer Creek Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 1	D 0 2	Y 0 9	Amount 250.00	
Full Name of Contributor Suguneswaran Suguness					Registration Number, if PAC		
Street Address 4340 Manor Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 1	D 0 2	Y 0 9	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	

* 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)]