

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Thomas M. Isaacs						Registration Number, if PAC	
Street Address 1197 Three Forks Dr. S			Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check	
City Westerville	State O	H	Zip Code 43081	M 0	D 6	Y 1	Amount 100.00
Full Name of Contributor Michael S. Brown						Registration Number, if PAC	
Street Address 1142 Pennsylvania Ave.			Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43201	M 0	D 6	Y 1	Amount 100.00
Full Name of Contributor Joseph Palazzo						Registration Number, if PAC	
Street Address 3140 W. Mound St.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43204	M 0	D 6	Y 2	Amount 25.00
Full Name of Contributor Paula L. Brooks						Registration Number, if PAC	
Street Address 4585 Benderton Ct.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43220	M 0	D 6	Y 2	Amount 50.00
Full Name of Contributor Margaret R. Will						Registration Number, if PAC	
Street Address 3440 Olentangy River Rd.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43202	M 0	D 8	Y 1	Amount 25.00
Full Name of Contributor UFCW Local 1059, Active Ballot Club						Registration Number, if PAC PAC # LA437	
Street Address 4150 E. Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43213	M 0	D 8	Y 2	Amount 250.00
Full Name of Contributor Patricia S. Albert						Registration Number, if PAC	
Street Address 1007 Birchmont Rd.			Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43220	M 0	D 9	Y 0	Amount 75.00
Full Name of Contributor James J. Ryan, Jr.						Registration Number, if PAC	
Street Address 4333 Sharon Ave.			Employer/Occupation/Labor Organization* Restaurant Owner			Form (Cash, Check, etc.) Check	
City Columbus	State O	H	Zip Code 43214	M 0	D 9	Y 2	Amount 250.00

\* 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 \$ 875.00