

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                       |   |               |               |  |                           |  |
|---|-----------------------|---|---------------|---------------|--|---------------------------|--|
| Name of Committee in Full<br><b>Citizens for Dorrian Committee</b>  |                       |   |               |               |  |                           |  |
| Full Name of Contributor<br><b>Jeyakumar Jebaratnam</b>             |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>5136 Bentley Ln</b>                            |                       | Employer/Occupation/Labor Organization*<br><b>Premier/ Accountant</b>           |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>   | State<br><b>O   H</b> | Zip Code<br><b>43220</b>  | M<br><b>0</b> | D<br><b>4</b> | Y<br><b>1</b>                            | Amount<br><b>250.00</b>   |  |
| Full Name of Contributor<br><b>Kandamurugu Manickam</b>             |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>448 West 2nd Ave</b>                           |                       | Employer/Occupation/Labor Organization*<br><b>Riverside Hospital/ Doctor</b>    |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>   | State<br><b>O   H</b> | Zip Code<br><b>43201</b>  | M<br><b>0</b> | D<br><b>6</b> | Y<br><b>2</b>                            | Amount<br><b>250.00</b>   |  |
| Full Name of Contributor<br><b>Nana Nair</b>                        |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>298 Beckley Ln</b>                             |                       | Employer/Occupation/Labor Organization*<br><b>3SG/ CEO</b>                      |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Dublin</b>   | State<br><b>O   H</b> | Zip Code<br><b>43017</b>  | M<br><b>0</b> | D<br><b>6</b> | Y<br><b>2</b>                            | Amount<br><b>500.00</b>   |  |
| Full Name of Contributor<br><b>Angela M Shaffer</b>                 |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>8146 Madrid Blvd</b>                           |                       | Employer/Occupation/Labor Organization*<br><b>Manoranjana and Shaffer</b>       |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Waynesville</b>  | State<br><b>O   H</b> | Zip Code<br><b>45068</b>  | M<br><b>0</b> | D<br><b>6</b> | Y<br><b>1</b>                            | Amount<br><b>500.00</b>   |  |
| Full Name of Contributor<br><b>Sugunewaran S Suguness</b>           |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>4340 Manor Ct E</b>                            |                       | Employer/Occupation/Labor Organization*<br><b>Prime Engineering/ President</b>  |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Dublin</b>   | State<br><b>O   H</b> | Zip Code<br><b>43017</b>  | M<br><b>0</b> | D<br><b>6</b> | Y<br><b>2</b>                            | Amount<br><b>500.00</b>   |  |
| Full Name of Contributor<br><b>Ajith A Balaratnarajah</b>           |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>7444 Murrayfield Dr</b>                        |                       | Employer/Occupation/Labor Organization*<br><b>Prime Engineering/ Accountant</b> |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Worthington</b>  | State<br><b>O   H</b> | Zip Code<br><b>43085</b>  | M<br><b>0</b> | D<br><b>7</b> | Y<br><b>0</b>                            | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>Columbus Franklin County AFL-CIO</b> |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>1545 Alum Creek Dr 2nd Fl</b>                  |                       | Employer/Occupation/Labor Organization*<br><b>PCE</b>                           |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Columbus</b>   | State<br><b>O   H</b> | Zip Code<br><b>43209</b>  | M<br><b>0</b> | D<br><b>7</b> | Y<br><b>1</b>                            | Amount<br><b>300.00</b>   |  |
| Full Name of Contributor<br><b>Richard W Sensenbrenner</b>          |                       |   |               |               | Registration Number, if PAC              |                           |  |
| Street Address<br><b>2122 Brandywine St</b>                         |                       | Employer/Occupation/Labor Organization*<br><b>City of Philadelphia</b>          |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                           |  |
| City<br><b>Philadelphia</b>   | State<br><b>P   A</b> | Zip Code<br><b>19130</b>  | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>1</b>                            | Amount<br><b>200.00</b>   |  |

\* 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 \$ **3,500.00**