

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Dr. Anahi Ortiz				
Full Name of Contributor Cameli Roberson				
Street Address 1703 Shady Lane Rd				Amount \$100.00
City Columbus	State OH	Zip Code 43227	M 0	D 5
			Y 2	Y 6
			Y 1	Y 6
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Dr. J. Scott Somerset				
Street Address 7395 Rosedale Ct				Amount \$100.00
City Gross Pointe Woods	State MI	Zip Code 48236	M 0	D 5
			Y 2	Y 6
			Y 1	Y 6
			Form (Cash, Check, etc.) Cash	
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M	D
			Y	Y
			Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M	D
			Y	Y
			Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M	D
			Y	Y
			Form (Cash, Check, etc.)	
Full Name of Contributor				
Street Address				
City	State OH	Zip Code	M	D
			Y	Y
			Form (Cash, Check, etc.)	

The above are employees of a unit or department under the direct supervision and control of Anahi Ortiz, who currently holds the public office

of Franklin County Coroner. I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$200.00

Page Total \$