

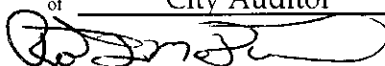
## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens For Dorrian Committee			
Full Name of Contributor			
Robert McDaniel			
Street Address			M   D   Y   Amount
425 Derrer rd			0   4   1   7   1   3   500.00
City	State	Zip Code	Form (Cash, Check, etc)
Columbus	O   H	43204	Check
Full Name of Contributor			
Street Address			
City			State   Zip Code   Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			
City			State   Zip Code   Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			
City			State   Zip Code   Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			
City			State   Zip Code   Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			
City			State   Zip Code   Form (Cash, Check, etc)
Full Name of Contributor			
Street Address			
City			State   Zip Code   Form (Cash, Check, etc)

The above are employees of a unit or department under the direct supervision or control of Hugh J. Dorrian, who currently holds the public office

of City Auditor. 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."

Page Total \$ 500.00