Page Total \$

525.00

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		
Vivian V. James		
Street Address		M D Y Amount
5479 Larkwood Rd		1 0 2 3 0 9 50.00
City	State Zip Code	Form (Cash, Check, etc)
Columbus	O H 43229	Check Silver Check
Full Name of Contributor		
Brad Marburger	•	
Street Address		M D Y Amount
170 Green Ave		1 0 2 1 0 9 100.00
City	State Zip Code	Form (Cash, Check, etc)
Groveport	O H 43125	Check
Full Name of Contributor		
Thomas R Noorkah		And the second s
Street Address		M D Y Amount
3138 Rimmer		1 0 2 1 0 9 125.00
City	State Zip Code	Form (Cash, Check, etc)
Dublin	O H 43017	Check Check
Full Name of Contributor		AND THE RESERVE OF THE PARTY OF
Patricia Hinkle		
Street Address		M D Y Amount
118 N Main St		1 0 2 0 0 9 50.00 Form (Cash, Check, etc)
City	State Zip Code	
Glenford	O H 43739	Check
Full Name of Contributor		
Melinda Jeanne Frank		M D Y Amount
Street Address		
4038 James River Rd	Circ Code	1 0 2 3 0 9 100.00 Form (Cash, Check, etc)
City	State Zip Code	
New Albany	O H 43054	Check Check
Full Name of Contributor		
Megan Kilgore		M D Y Amount
Street Address		1 0 2 5 0 9 100.00
461 E Columbus St	State Zip Code	Form (Cash, Check, etc)
City	1 77 1,000	Check
Columbus	O H 43206	CITCH
The above are employees of a unit or department under the d	irect supervision or control of H	ugh J. Dorrian, who currently holds the public of
of <u>City Auditor</u> . I hereby	affirm that each contribution was voluntarily made.	
Klud md (Signatur	e of Treasurer or Deputy Treasurer)	
Transfer total employee contributions to Form No. 31-A or 3 contributions from form No. 31-G."	1-E, if received at a social or fundraising event. Under	er "Full Name of Contributor" state "Total employee