Daga	
Page	

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

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Name of Committee in Full								
Citizens For Dorrian Committee		Section 1999	99000000000000000000000000000000000000		p:::::::::::::::::::::::::::::::::::::	and the second section of the second		
Full Name of Contributor								
Robert L. McDaniel							and the second	
Street Address					М	D	Y	Amount
425 Derrer Rd					0 9	1 9		200.00
City	State	Z	Cip Code		Form (Cas	sh, Check,	etc)	
Columbus	OF	$\frac{1}{4}$	13204		Check			70.04 10.04
Full Name of Contributor								
Kathryn Rowe								
Street Address					M	D	Y	Amount
359 S Warren					$1 \mid 0$	0 2	<u> </u>	50.00
City	State		Zip Code			sh, Check,	etc)	
Columbus	O F	-1 4	13204		Check			and the second s
Full Name of Contributor								
Darlene Short							-	
Street Address					M	D	Y	Amount
842 Angus Ct	~	10	7' 0 1		1 0	1 0 sh, Check,	0 9	200.00
City	State		Zip Code		`		etc)	
Worthington		-1	43085		Check			
Full Name of Contributor								
Karen White					M	D	Y	Amount
Street Address								
2210 Nottingham Rd	State	17	Zip Code		1 0	10	1	100.00
City	1 .	- 1					0.0)	
Columbus Full Name of Contributor		H 4	43221		Check			
Michael Jones Street Address						D	Y	Amount
260 Reeb Rd					$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	1 .	İ	100.00
City	State	State Zip C			Form (Cash, Check, etc)			100.00
Columbus		- 1	43207		Checl			
Full Name of Contributor		. 1. -	10207		Cricci			
Jacqueline Marburger								
Street Address					M	D	Y	Amount
8495 Wildomar Ave					$ _{1 0}$	0 8	0 9	50.00
City	State	State Zip			Form (Cash, Check, etc)			
Reynoldsburg		$H \mid 4$	43068		Checl	S		
The above are employees of a unit or department under the direct super	rvision or contro	ol of		Hugh J	. Dorr	ian	, w	ho currently holds the public offic
C:1 A A:1								
of I hereby affirm the	at each contribu	tion wa	as voluntarily	made.				
(Signature of Trea	surer or Deputy	Freasu	rer)					
			4	4 YI1 UT 13 N				Patal amplayee
Transfer total employee contributions to Form No. 31-A or 31-E, if re-	cerved at a social	or fun	auraising ever	ii. Onder "Full N	ame or Co	липрико:	state	Lotal employee

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 No. 31-G."

Page Total \$ 700.00