## 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			
Thomas R Noorkah			
Street Address	•	М	D Y Amount
3138 Rimmer		101	8 1 3 200.00
City	State Zip Cod	e Form (Cash, C	Theck, esc)
Dublin	O H 4301	.7 Check	
Full Name of Contributor			
Vikki Amicon			•
Street Address		М	D Y Amount
1208 Northwest Blvd		101	7 1 3 150.00
City	State Zip Cod	e Form (Cash, C	Check, etc)
Columbus	O H 4321	2 Check	
Full Name of Contributor			
Kevin Robison			
Street Address		M	D Y Amount
6788 Atlin Ct		1 1	8 1 3 300.00
City	State Zip Cod	e Form (Cash, C	Theck, etc)
Dublin	OH 4301	.7 Check	
Full Name of Contributor			
Bonnie Buck	·		
Street Address			D Y Amount
5785 Refugee Rd NW			9 1 3 50.00
City	State Zip Cod		
Baltimore	<u>  O   H  4301</u>	L5 Check	
Full Name of Contributor			
Karen White			
Street Address		i . l	D Y Amount
2210 Nottingham Rd	1 6 12 6	1   0   1 le   Form (Cash, 0	
City	State Zip Coc		
Columbus	O H 4322	21 Check	
Full Name of Contributor			
Patricia Hinkle Street Address			D Y Amount
		i , i	7 1 3 50.00
P.O. box 58	State Zip Coo	1 0 1 e Form (Cash, 0	
	1 - 1 1 4077		
Glenford	O   H  4373	) CHECK	
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.			
(Simon of Insurance Transmit			
(Signature of Treasurer or Deputy Treasurer)			
The formal production to Early No. 21. A or 21. E. if received at a cooled or fundamining event. Under "Full Name of Contributor" state "Total 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 \$ 800.00