

Page Total \$ 500.00

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			
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	ОН	1	Check
Full Name of Contributor	10 11	10204	CHECK
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
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Full Name of Contributor	<u> </u>		
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor	•		
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
treet Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			
	.		
Street Address		-	M D Y Amount
20.			
City	State	Zip Code	Form (Cash, Check, etc)
The above are employees of a unit or department under the direct supervis	tion or control of	Ľ t	1 Dorriga
the access are employees or a min or department under the direct supervis	non or control of	rugi	n J. Dorrian , who currently holds the public of
f City Auditor . I hereby affirm that e	ach contribution	was voluntarily made.	
Janate)	D T		•
(Signature of Treasure	r or Deputy Treas	urer)	
ransfer total employee contributions to Form No. 31-A or 31-E, if receive	ed at a social or fi	indraising event. Under "Fu	ll Name of Contributor state "Total employee
ontributions from form No. 31-G."			