

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 Paul R. Colflesh						
Street Address 5129 Mapleridge Dr.			M 1	D 0	Y 4	Amount 100.00
City Columbus	State O H	Zip Code 43232	Form (Cash, Check, etc) Check			
Full Name of Contributor Timothy J. Carroll						
Street Address 3297 Scito Glen Dr.			M 1	D 0	Y 4	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form (Cash, Check, etc) Check			
Full Name of Contributor Brad A. Marburger						
Street Address 170 Green Ave.			M 1	D 0	Y 3	Amount 50.00
City Groveport	State O H	Zip Code 43125	Form (Cash, Check, etc) Check			
Full Name of Contributor Melinda Jeanne Frank						
Street Address 4038 James River Rd.			M 1	D 0	Y 3	Amount 100.00
City New Albany	State O H	Zip Code 43054	Form (Cash, Check, etc) Check			
Full Name of Contributor Michael D. Jones						
Street Address 260 Reeb Ave.			M 1	D 0	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form (Cash, Check, etc) Check			
Full Name of Contributor Richard A. Ellis						
Street Address 6624 Forrester Way			M 0	D 9	Y 2	Amount 50.00
City Reynoldsburg	State O H	Zip Code 43068	Form (Cash, Check, etc) 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.

[Signature]
(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 \$ 450.00