

# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Friends of Dr. Anahi Ortiz				
Full Name of Contributor				
Chris Floyd				
Street Address				Amount
416 Elnora Dr.				100.00
City	State	Zip Code	Form (Cash, Check, etc)	
Galloway	O   H	43119	Cash	
Full Name of Contributor				
John Scott Somerset				
Street Address				Amount
739 S. Rosedale Ct.				300.00
City	State	Zip Code	Form (Cash, Check, etc)	
Grosse Point Woods	M   I	48236	Check	
Full Name of Contributor				
Street Address				Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor				
Street Address				Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor				
Street Address				Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor				
Street Address				Amount
City	State	Zip Code	Form (Cash, Check, etc)	

The above are employees of a unit or department under the direct supervision or control of Anahi M. Ortiz, who currently holds the public office

of Franklin County Coroner. I hereby affirm that each contribution was voluntarily made.

(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 \$ 400.00