

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 3138 Rimmer		M 1	D 0	Y 5	Amount 150.00
City Dublin	State O H	Zip Code 43017		Form (Cash, Check, etc) Check	
Full Name of Contributor Barbara A. Cantrell					
Street Address 4110 Demorest Cove Ct.		M 1	D 0	Y 5	Amount 50.00
City Grove City	State O H	Zip Code 43123		Form (Cash, Check, etc) Check	
Full Name of Contributor W. Doug Todd					
Street Address 2343 Hardesty Ct.		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Samuele Pompeo Stefanelli					
Street Address 3186 Miriam Dr. N.		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Kevin M. Robison					
Street Address 6768 Atlin Ct.		M 1	D 0	Y 5	Amount 100.00
City Dublin	State O H	Zip Code 43017		Form (Cash, Check, etc) Check	
Full Name of Contributor Karen A. White					
Street Address 2210 Nottingham Rd.		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O H	Zip Code 43221		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