

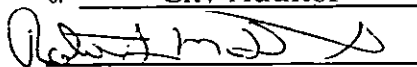
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee						
Full Name of Contributor Mollie J. Petitti						
Street Address 651 Norfolk Sq S			M 1	D 0	Y 2	Amount 50.00
City Pickerington	State O	Zip Code 43147	Form (Cash, Check, etc) Check			
Full Name of Contributor Charles B Scott						
Street Address 1472 Selkirk Rd			M 1	D 0	Y 2	Amount 50.00
City Columbus	State O	Zip Code 43227	Form (Cash, Check, etc) Check			
Full Name of Contributor Brad Marburger						
Street Address 170 Green Ave			M 1	D 0	Y 2	Amount 50.00
City Groveport	State O	Zip Code 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Paul Colflesh						
Street Address 1175 Cambridge Way			M 1	D 0	Y 2	Amount 50.00
City Pickerington	State O	Zip Code 43147	Form (Cash, Check, etc)			
Full Name of Contributor Megan Kilgore						
Street Address 106 N High St			M 1	D 0	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor						
Street Address			M	D	Y	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 Hugh I. Dorrian, who currently holds the public office

of City Auditor. 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 \$ 300.00