

## 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 Vikki Amicon						
Street Address 1208 Northwest Blvd.			M 0	D 9	Y 2	Amount 200.00
City Columbus	State O   H	Zip Code 43212	Form (Cash, Check, etc) Check			
Full Name of Contributor Patricia Hinkle						
Street Address 118 N. Main St. P.O. Box 58			M 0	D 9	Y 2	Amount 50.00
City Glenford	State O   H	Zip Code 43739	Form (Cash, Check, etc) Check			
Full Name of Contributor						
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						
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						
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 J. 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 \$ 250.00