contributions from form No. 31-G."

650.00

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		
Tim Carroll		$(1-\epsilon)^{-1} = \frac{1}{2} \left(\frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right) \right)} \right) \right)} \right)} \right)} \right)} \right)} \right)} \right$
Street Address		M D Y Amount
921 Lynbrook Rd		1 0 1 4 0 9 100.00
City	State Zip Code	Form (Cash, Check, etc)
Columbus	O H 43235	Check
Full Name of Contributor	15.5	Application of the second seco
Vikki V. Amicon		Annual Company of the
Street Address		M D Y Amount
1208 Northwest Blvd		1 0 1 6 0 9 100.00
City	State Zip Code	Form (Cash, Check, etc)
Columbus	O H 43212	Check
Full Name of Contributor		
Michael Gore		
Street Address		M D Y Amount
1573 Grandview		1 0 1 9 0 9 100.00
City	State Zip Code	Form (Cash, Check, etc)
Columbus	O H 43212	Check
Full Name of Contributor		
Kyle G Sever		
Street Address		M D Y Amount
3737 Gateway Lakes		1 0 1 9 0 9 50.00
City	State Zip Code	Form (Cash, Check, etc)
Grove City	O H 43123	Check
Full Name of Contributor		
Rebecca L Cox		
Street Address		M D Y Amount
241 E Moler St		1 0 1 9 0 9 50.00
City	State Zip Code	Form (Cash, Check, etc)
Columbus	O H 43207	Check
Full Name of Contributor		
Kevin F Robison		The second secon
Street Address		M D Y Amount
6768 Atlin Ct		1 0 2 0 0 9 250.00
City	State Zip Code	Form (Cash, Check, etc)
Dublin	O H 43017	Check
The above are employees of a unit or department under the d	lirect supervision or control of	Hugh J. Dorrian , who currently holds the public office
of City Auditor I hereby	affirm that agali agriculturian was valuntar	rily made
of City Auditor. I hereby affirm that each contribution was voluntarily made.		
	re of Treasurer or Deputy Treasurer)	
Transfer total employee contributions to Form No. 31-A or 3	1-E. if received at a social or fundraising e	event. Under "Full Name of Contributor" state "Total employee