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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens for Lori M. Tyack				701500010070100000000000000000000000000	***************************************			
Full Name of Contributor								
Judy Vance								
Street Address					D	Y	Amount	
14819 Crownover Mill Rd					0 6	0 9	100.00	
City	State Zip Code			Form (Ca	sh, Check,	etc)		
New Holland	0	Н	43145	Check	ς .			
Full Name of Contributor		***************************************						
Cynthia Brim								
Street Address					D	Y	Amount	
2405 McCutcheon Rd					2 8	0 9	50.00	
City	Sta	ate	Zip Code	0 4 Form (Ca	sh, Check,			
Columbus	0	Н	43219	Check	(
Full Name of Contributor		***************************************						
Michelle Langall								
Street Address					D	Y	Amount	
Best Effort					0 9	0 9	100.00	
City	Sta	nte	Zip Code	0 5 Form (Ca	sh, Check,		100.00	
Best Effort	O	Н	Best Effort	Cash				
Full Name of Contributor	U	1.1	Desc Litore	Casit				
Bill Beelman								
Street Address				M	D	Y	Amount	
221 Westwood Raod								
ZZI Westwood Raod City	Sta	ıte.	Zip Code	0 5	1 1 sh, Check,		25.00	
Columbus		Н	1	· ·		•		
Full Name of Contributor	O	П	43214	Mone	y Orde	er English		
James Laver						Y	I A	
Street Address					D		Amount	
1028 Hardesty Place West City State Zip Code					1 8 sh, Check,	1	100.00	
	_ 1		Zip Code	i i		eic)		
Columbus	0	Н	43204	Check				
Full Name of Contributor								
Roy Ball				M				
Street Address					D	Y	Amount	
742 Mohawk				0 5	0 5	<u> </u>	100.00	
City	Sta		Zip Code	Form (Ca	sh, Check,	etc)		
Columbus	0	Н	43206	Check	(
			*	. 3. 4				
The above are employees of a unit or department under the direct supervisi	ion or con	trol of	LO1	ri M. Tya	<u>CK</u>	, w	no currently holds the public office	
of Municipal Clerk of Court . I hereby affirm that ea	ach contr	ibution v	vas voluntarily made					
(Signature of Treasurer or Deputy Treasurer)								
Transfer total employee contributions to Form No. 31-A or 31-E, if receive	ed at a sov	ial or fu	ndraising event Under "Fu	ill Name of Con-	tributor" s	tate "Tot	al employee	
contributions from form No. 31-G."	ut ii 30 t	V1 IU		ranno or con		7.010	a. employee	
						Pag	ge Total \$ 475.00	