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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full		*-	· · · · · · · · · · · · · · · · · · ·	·····	······································				
Citizens for Lori Tyack									
Full Name of Contributor									
Ahmed Kasheer									
Street Address						Y	Amount		
5148 Pebble Ln	0 4 2 2	0 7	100.00						
City	St	ate	Zip Code		Form (Cash, Check,		100.00		
Columbus	0	Н	43220		check	•			
Full Name of Contributor	·								
James Laver									
Street Address	M D	Y	Amount						
1028 Hardest Place West	0 4 2 2	0 7	100.00						
City	State Zip Code			Form (Cash, Check,					
Columbus	0	Н	43204		check				
Full Name of Contributor			<u> </u>	·					
Obie Lucas									
Street Address	M D	Y	Amount						
4475 Bayshire Rd		0 4 2 2	0 7	100.00					
City	St	ate	Zip Code		Form (Cash, Check,		100.00		
Groveport	0	Н	43215		check				
Full Name of Contributor	U	11	10210		CIRCEN				
Tommy Mcferin									
Street Address		M D	Y	Amount					
12800 Adams Ln					0 4 2 1	0 7	200.00		
12000 Adams Lit City	State Zip Code				Form (Cash, Check,		200.00		
Pataskala	_ 1		43062		check				
T ALASKATA Full Name of Contributor	O	11	4.5002		CHECK				
Street Address					M D	Y	Amount		
Salve Active						ì	1 mount		
City	St	ate	Zip Code	·-··· · · · · · · · · · · · · · · · · ·	Form (Cash, Check,	etc)			
on,			Lap code			,			
Full Name of Contributor			<u> </u>	·					
THE PARTY OF CORRECTION									
Street Address					M D	Y	Amount		
Succi Address						1	Amount		
Cit.	C4.		7in Code	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check,	ata)			
City .	30	ate	Zip Code		roim (Casi, Check,	eic)			
The above are employees of a unit or department under the direct	ioion or -	ontrol -	¢.	I owi NA	Twool	1	on operantly holds the authlia office		
The above are employees of a unit or department under the direct superv	191011 OI, C	OHIOI OI	·	LOII IVI	I. Tyack	, wi	no currently holds the public office		
of LCounty Municipal Clerk. 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."									
						Pag	e Total \$ 500.00		