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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				
Full Name of Contributor				
Roy Ball				
Street Address	M D Y Amount			
742 Mohawk St.				0 9 0 9 1 0 62.50
City	St	tate	Zip Code	Form (Cash, Check, etc)
Columbus	0	Н	43206	Cash
Full Name of Contributor		<u> </u>		
Rita LaForrest				
Street Address				M D Y Amount
1114 Slade Avenue				0 9 0 9 1 0 100.00
City	State Zip Code		Zip Code	Form (Cash, Check, etc)
Columbus	0	Н	43235	Cash
Full Name of Contributor	<u> </u>	<del></del>		
Bob Nolan				
Street Address	M D Y Amount			
3884 Norbrook Dr.				0 9 0 9 1 0 60.00
City	Sı	ate	Zip Code	Form (Cash, Check, etc)
Columbus	0	H	43220	Cash
Full Name of Contributor			<del></del>	
Ahmed Kasheer				
Street Address				M D Y Amount
5148 Pebble Lane				0 9 0 9 1 0 125.00
City	St	tate	Zip Code	Form (Cash, Check, etc)
Columbus	0	Н	43220-2539	Check
Full Name of Contributor			- <del>1</del>	
James Laver				
Street Address	M D Y Amount			
1028 Hardesty Place West				0 9 0 9 1 0 50.00
City	St	tate	Zip Code	Form (Cash, Check, etc)
Columbus	0	Н	43204	Check
Full Name of Contributor				
Lee Anne Sheppard				
Street Address				M D Y Amount
4825 Heatherton Dr.				0 9 0 9 1 0 25.00
City	St	tate	Zip Code	Form (Cash, Check, etc)
Columbus	0	Н	43229	Check
The above are employees of a unit or department under the direct supervisor Franklin Co. Muni Clerk. Thereby affirm that				$M.\ Tyack$ , who currently holds the public o
(Signature of Treasure	er or Depi	uty Treas	urer)	
Transfer total employee contributions to Form No. 31-A or 31-E, if receive ontributions from form No. 31-G."	ed at a so	eial or fu	ndraising event. Under "Full I	Name of Contributor" state "Total employee
				Page Total \$ 422.50