## 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			The same of the sa
Bob Nolan			
Street Address			M D Y Amount
3884 Norbrook Dr			0 9 0 9 1 0 \$60.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Cash
Full Name of Contributor			
Bill Beelman			
Street Address 221 Westwood Road			M D Y Amount 1 2 1 8 1 0 \$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OĤ	43214	Check
Full Name of Contributor		40214	the same the supplement to the same same
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			The same of the sa
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			and the second of the second
Full Name of Contributor			
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		<u></u>	情失 br · · · · · · · · · · · · · · · · · ·
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Street Address			Mt D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	1		
The above are employees of a unit or department under the direct supervision and control of Lori M. Tyack			, who currently holds the public office
Franklin Co. Municipal Clark			
of Franklin Co. Municipal Clerk I hereby at	firm that each contribution was v	oluntarily made.	
(Signature	of Treasurer or Deputy Treasure.	г)	
Transfer total employee contributions to Form No. 31-A or 31-E	if required as a social or fored-a	icing event Under "Rull Nor	me of Contributor"
state "Total employee contributions from form No. 31-A or 51-b	s, is received at a social of fullity.	ionig event. Ontier Triil Nat	and or Contributor

\$85.00

Page Total \$