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							
Rita LaForrest							
Street Address					D	Y	Amount
1114 Slade Ave				0 7	2 4	0 9	50.00
City	State		Zıp Code	Form (C	ash, Check,	,	
Columbus	lol	Н	43235	Chec	k		
Full Name of Contributor							
Several Contributions for T-Shirts							
Street Address				М	D	Y	Amount
					1		94.00
City	State		Zıp Code	Form (C	ash, Check,	etc)	
•	l			Cash			
Full Name of Contributor					•	-	
Street Address					D	Y	Amount
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City	St	ate	Zıp Code	Form (C	ash, Check,	etc)	
City		1	Zap Code	· · ·		,12	
Full Name of Contributor							
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Sa., A 33.,				м	D	Y	Amount
Street Address				I M	"	'	Amount
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City	St	ate	Zıp Code	rom (C	ash, Check.	etcj	
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Full Name of Contributor							
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Street Address					D	Y,	Amount
						<u>. </u>	
Cıty	St	ate .	Zıp Code	Form (C	ash, Check	etc)	
Full Name of Contributor							
Street Address					D	Y	Amount
				•			
City	St	ate	Zıp Code	Form (C	ash, Check	etc)	
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The above are employees of a unit or department under the direct supervise	sion or cor	ntrol of	L	ori M Tya	ack	, w	ho currently holds the public office
of Franklin Co. Muni Clerk I hereby affirm that	each contr	nbution v	was voluntarily made				
(Signature of Treasure	er or Deni	uty Treas	surer)				
Transfer total employee contributions to Form No 31-A or 31-E, if received at a social or fundraising event Under "Full No					ntributor"	state "To	tal employee
contributions from form No 31-G"						D~	ge Total \$ 144 00
						FA	ge Total \$ 144.00