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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			
Dennis Smith			
Street Address			M D Y Amount
4584 Pebble Beach Rd			1 0 0 2 0 8 50.00
City	State	Zip Code	Form (Cash, Check, etc)
Grove City	O H	43123	Check And
Full Name of Contributor			
Anna R. Traylor			M D Y Amount
Street Address			
2344 Minerva Park Pl			1 0 0 2 0 8 50.00 Form (Cash, Check, etc)
City	State	Zip Code	
Columbus	OH	43229	Check All Market
Full Name of Contributor			
Matthew Davenport			M D Y Amount
Street Address			
2165 Jade St	1 64-4-	Zip Code	1   0   0   1   0   8   50.00 Form (Cash, Check, etc)
City.	State	1	Check
Grove City	O H	43123	CITCK
Full Name of Contributor			
Abbie Armitage			M D Y Amount
Street Address			1 0 0 2 0 8 100.00
2732 Eastcleft Dr.	State	Zip Code	Form (Cash, Check, etc)
City		43221	Check
Columbus	OH	40441	
Full Name of Contributor			
Tommy McFerin			M D Y Amount
Street Address			1 0 0 1 0 8 400.00
7036 Polpis Rd	State	Zip Code	Form (Cash, Check, etc)
City	ОН		Check
Reynoldsburg Full Name of Contributor		120000	
Renee Walker Street Address			M D Y Amount
			1 0 0 2 0 8 50.00
349 Hubbard Ave.	State	Zip Code	Form (Cash, Check, etc)
Columbus	OH	43215	Check
Columbus			
The above are employees of a unit or department under the direct super	rvision or control o	f	Lori M. Tyack , who currently holds the public
of Franklin Co. Muni Clerk . I hereby affirm th	nat each contributio	n was voluntarny it	
(Signature of Treat	surer or Deputy Tr	easurer)	
Transfer total employee contributions to Form No. 31-A or 31-E, if rec			t Under "Full Name of Contributor" state "Total employee
Transfer total employee contributions to Form No. 31-A or 31-E, if recontributions from form No. 31-G."	cerved at a social of	Tundraising Crofit.	