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				
Obie D. Lucas				
Street Address			MD	Y Amount
4475 Bayshire Road		· • · · · · · · · · · · · · · · · · · ·		0 7 100.00
City	State	Zip Code	Form (Cash, Check, et	tc)
Groveport	OH	43125	Check	
Full Name of Contributor				
Robert G. Nolan Street Address			M D	Y Amount
			1 , 1 , 1	,
3884 Norbrook Dr City	State	Zip Code	1 0 0 3 Form (Cash, Check, e	
Columbus	OH	43220	Check	
Full Name of Contributor	0 11			
Rhonda K. Nutt				
Street Address			M D	Y Amount
1424 Dubay Ave			0 9 2 7	0 7 44.00
City	State	Zip Code	Form (Cash, Check, e	stc)
Columbus	OH	43219	Check	
Full Name of Contributor				
Matthew J. Pendy				
Street Address	· <u></u>		M D	Y Amount
123 Bellefield Avenue			0 9 2 7	0 7 44.00
City	State	Zip Code	Form (Cash, Check, e	etc)
Westerville	OH	43081	Check	
Full Name of Contributor				
John David Rathburn Street Address		·	M D	Y Amount
				0 7 88.00
2557 Summit St City	State	Zip Code	1 0 0 3 Form (Cash, Check,	
Columbus	OH	43202	Check	
Full Name of Contributor	10 11	10202		
Crystal R. Ross				
Street Address			M D	Y Amount
5390 Westfall Road, SW			1 0 0 3	0 7 100.00
City	State	Zip Code	Form (Cash, Check,	etc)
Lancaster	OH	43030	Check	
The above are employees of a unit or department under the direct super	vision or control of			, who currently holds the public office
of . I hereby affirm the	at each contribution	was voluntarily made.		
(Signature of Treas	urer or Deputy Tre	asurer)		
Transfer total employee contributions to Form No. 31-A or 31-E, if reco	eived at a social or	fundraising event. Under "Full l	Name of Contributor"	state "Total employee
contributions from form No. 31-G."				Page Total \$ 420 00
				Page Total \$ 420.00