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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							
Bill Beelman							
Street Address		**************************************		M	D	Y	Amount
221 Westwood Rd				1 2	1 8	0 8	25.00
City	State	Zip Code]		sh, Check,		
Columbus	ОН	43214		Mone	y Orde	er	
Full Name of Contributor							
Street Address				M	D	Y	Amount
						1000	Albania (1997)
City	State	Zip Code		Form (Ca	sh, Check,	etc)	
Full Name of Contributor							
Street Address				M	D	Y	Amount
					and a saye	1	
City	State	Zip Code		Form (Ca	sh, Check,	etc)	
Full Name of Contributor							
Street Address				M	D	Y	Amount
				*			
City	State	Zip Code		Form (Ca	sh, Check,	etc)	
		,					
Full Name of Contributor					45.343.8		
Street Address				M	D	Y	Amount
5466.7.444.666				ļ			
City	State	Zip Code		Form (Ca	sh, Check	etc)	
Full Name of Contributor	<u> </u>	<u>l</u>					
Tail Name of Columbia							
Street Address				M	D	Y	Amount
0.000							
City	State	Zip Code		Form (Ca	sh, Check	etc)	
		1					
	1		**************************************	***************************************	Maria Company Company	***************************************	
The above are employees of a unit or department under the direct supervision	sion or control of		Lori M	. Tva	ck	, w	ho currently holds the public offic
						·	er og til skalende s Det skalende skalend
of Franklin Co. Muni Clerk . I hereby affirm that e	each contribution	was voluntarily ma	nde.				
(Signature of Treasure	er or Deputy Tree	surer)					
(Signature of Treasure	or Deputy 11ca	isin or j					
Transfer total employee contributions to Form No. 31-A or 31-E, if receiv	ed at a social or f	undraising event. U	Inder "Full Nam	e of Con	itributor"	state "To	tal employee
contributions from form No. 31-G."						Do	ge Total \$ 25.00
						1 "	ge Total \$25.00