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## 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			
Tommy J. McFerin			
Street Address			M D Y Amount
6815 Refugee Road	T a	Tz: 0.1	0 8 3 0 1 0 300.00 Form (Cash, Check, etc)
City	State	Zip Code	
Pickerington Full Name of Contributor	O   H	43147	Check
Jack R. Guyselman Street Address			M D Y Amount
			0 8 0 3 1 0 50.00
6441 Berry Pond Way  City	State	Zip Code	Form (Cash, Check, etc)
Canal Winchester	OH		Check
Full Name of Contributor	10111	10110 7771	CALCUL
Lear Denser			
Street Address			M D Y Amount
1799 Willoway Circle			0 8 0 9 1 0 25.00
City	State	Zip Code	Form (Cash, Check, etc)
Columbus	OH	43220	Check
Full Name of Contributor			
Nancy M. Clapper			
Street Address			M D Y Amount
2251 Indiana Avenue			0 8 0 6 1 0 100.00
Číty	State	Zip Code	Form (Cash, Check, etc)
Columbus	O   H	43202-3117	Check
Full Name of Contributor			
Won Y. Kim			
Street Address			M D Y Amount
7757 Kelly Drive	т -		0 7 2 7 1 0 25.00
City	State	Zip Code	Form (Cash, Check, etc)
Dublin	ОІН	43016-7904	Check
Full Name of Contributor			
Christopher A. Owens Street Address			M D Y Amount
5488 Satinwood Drive			
City	State	Zip Code	0   8   2   7   1   0   125.00 Form (Cash, Check, etc)
Columbus	ОН	43229-4329	Check
<u> </u>		10 223 13 23	
The above are employees of a unit or department under the direct supervision	ision or control of	<u>Lor</u>	i M. Tyack, who currently holds the public office
of Franklin Co. Muni Clerk . Thereby affirm that			
of Franklin Co. Muni Clerk . Thereby affirm that	cach contribution	was voruntarily made.	
(Signature of Treasu	rer or Deputy Tre	asurer)	
Transfer total employee contributions to Form No. 31-A or 31-E, if recei	ived at a social or	fundraising event. Under "Ful	Name of Contributor" state "Total employee
contributions from form No. 31-G."			
			Page Total \$ COT OO