

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 Ahmed Kasheer						
Street Address 5148 Pebble Lane			M 1	D 0	Y 0	Amount 88.00
City Columbus	State O	H H	Zip Code 43220	Form (Cash, Check, etc) Check		
Full Name of Contributor Marilyn Sweazy						
Street Address 1025 Searles Avenue			M 1	D 0	Y 0	Amount 44.00
City Columbus	State O	H H	Zip Code 43223	Form (Cash, Check, etc) cash		
Full Name of Contributor Abbie Armitage						
Street Address 2732 Eastcleft Dr			M 1	D 0	Y 1	Amount 44.00
City Columbus	State O	H H	Zip Code 43221	Form (Cash, Check, etc) Check		
Full Name of Contributor Bill Beelman						
Street Address 221 Westwood Road			M 1	D 0	Y 1	Amount 25.00
City Columbus	State O	H H	Zip Code 43214	Form (Cash, Check, etc) Check		
Full Name of Contributor Roy G. Ball, III						
Street Address 59 S. Westmoor Ave, Apt A			M 1	D 0	Y 0	Amount 44.00
City Newark	State O	H H	Zip Code 43055	Form (Cash, Check, etc) Check		
Full Name of Contributor Timothy D. Brewer						
Street Address 3677 Indianola Avenue, Apt C6			M 1	D 0	Y 0	Amount 44.00
City Columbus	State O	H H	Zip Code 43214	Form (Cash, Check, etc) Check		

The above are employees of a unit or department under the direct supervision or control of _____, who currently holds the public office

of _____. I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 289.00