

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

| Name of Committee in Full  |            |           | <u> </u>                 |  |
|--|------------|-----------|--------------------------|--|
| Citizens for Lori M. Tyack   |            |           |                          |  |
| Full Name of Contributor   |            |           |                          |  |
| Tommy J. McFerin   |            |           |                          |  |
| Street Address   |            |           |                          | M D Y Amount                                     |
| 12800 Adams Lane   |            |           |                          | 1 0 0 3 0 7 400.00                               |
| City   | Sta        |           | Zip Code                 | Form (Cash, Check, etc)                          |
| Pataskala  | 0          | H         | 43062                    | Check  |
| Full Name of Contributor   |            |           |                          |  |
| Anne Marie Flaherty  |            |           |                          | M D Y Amount                                     |
| Street Address   |            |           |                          |  |
| 60 Broadmeadows Blvd., Apt 306   | 1 04       | -         | Zip Code                 | 0 9 2 5 0 7 44.00                                |
| City   | Sta        |           | _                        | Check  |
| Columbus   | 0          | Η         | 43214                    | Check  |
| Full Name of Contributor   |            |           |                          |  |
| Rhonda K. Ferguson   |            |           |                          | M D Y Amount                                     |
| Street Address   |            |           |                          | 1 0 0 3 0 7 44.00                                |
| 1270 Holton Road   | St         | ate       | Zip Code                 | Form (Cash, Check, etc)                          |
| Crosso City  | 0          | H         | 43123                    | Check  |
| Grove City Full Name of Contributor  | 10         | 11        | 40120                    |  |
|  |            |           |                          |  |
| Michelle Lamar Street Address  |            |           | <del>,</del>             | M D Y Amount                                     |
| 1734 East Kossuth Street   |            |           |                          | 1 0 0 3 0 7 44.00                                |
| City   | St         | ate       | Zip Code                 | Form (Cash, Check, etc)                          |
| Columbus   | 0          | Н         | 43206                    | cash   |
| Full Name of Contributor   |            |           |                          |  |
| LaDonna Little   |            |           |                          |  |
| Street Address   | -          |           |                          | M D Y Amount                                     |
| 2141 Maplewood Drive   |            |           |                          | 1 0 0 3 0 7 44.00                                |
| City   | S          | tate      | Zip Code                 | Form (Cash, Check, etc)                          |
| Columbus   | 0          | H         | 43229                    | cash   |
| Full Name of Contributor   |            |           |                          |  |
| Dan Hoye   |            |           |                          |  |
| Street Address   |            |           |                          | M D Y Amount                                     |
| 85 S. Roys Avenue  |            |           |                          | 1 0 0 3 0 7 44.00                                |
| City   |            | State     | Zip Code                 | Form (Cash, Check, etc)                          |
| Columbus   | 0          | H         | 43204                    | cash   |
|  |            |           |                          | , who currently holds the public offic           |
| 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 rec   | eived at a | social or | fundraising event. Under | "Full Name of Contributor" state "Total employee |
| contributions from form No. 31-G."   |            |           |                          |  |
|  |            |           |                          | Page Total \$ 620.00                             |