Page	5

600.00

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			
Crystal Ross			
Street Address			M D Y Amount
5390 Westfall Rd			1 0 0 2 0 8 300.00
City	State	Zip Code	Form (Cash, Check, etc)
Lancaster	O H	43130	Check
Full Name of Contributor			
Adrian Rossi			
Street Address			M D Y Amount
1726 Nature Drive			0 9 2 5 0 8 50.00
City	State	Zip Code	Form (Cash, Check, etc)
Grove City	OH	43123	Check
Full Name of Contributor			
Marilyn Sweazy			
Street Address			M D Y Amount
1025 Searles Ave			0 9 2 8 0 8 50.00
City	State	Zip Code	Form (Cash, Check, etc)
Columbus	O H	43223	Check
Full Name of Contributor			
Lear Denser			
Street Address			M D Y Amount
1799 Willoway Cr			0 9 2 9 0 8 50.00
City	State	Zip Code	Form (Cash, Check, etc)
Columbus	OH	43220	Check
Full Name of Contributor			
Marilynn Stephens			
Street Address			M D Y Amount
857 S. 5th St.	Surr	7:- 6-1-	1 0 0 2 0 8 50.00 Form (Cash, Check, etc)
City	State	Zip Code	
Columbus	O H	43206	Check
Full Name of Contributor			
Obie Lucas			M D Y Amount
Street Address			
4475 Bayshire Rd	State	Zip Code	1 0 1 6 0 8 100.00 Form (Cash, Check, etc)
City	State	1	
Groveport	ОН	43125	Check
The above are employees of a unit or department under the dire	ct supervision or control of		Lori M. Tyack , who currently holds the public of
The above are employees of a unit of department under the diffe	or supervision or control of		HOII III. I YOUN
of Franklin Co. Muni Clerk . I hereby a	ffirm that each contribution	vas voluntarily made.	
	of Transurer on De-ut. T.	ourar)	
(Signature	of Treasurer or Deputy Treas	urer)	
Transfer total employee contributions to Form No. 31-A or 31-	E, if received at a social or fu	indraising event. Unde	er "Full Name of Contributor" state "Total employee
contributions from form No. 31-G."			Page Total \$ 600 00
			1 1050 10mm o Millital