| Page | 1 |
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## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

| Name of Committee in Full  | ANTONIO PER | CONTRACTOR CONTRACTOR   |                    |                     |                 |                         | A SACRET CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO   |                                       |
|--|---|---|--------------------|---------------------|-----------------|-------------------------|--|---------------------------------------|
| Citizens for Lori M. Tyack   |   |   |                    |                     |                 |                         |  |                                       |
| Full Name of Contributor   | artinarios estada se esperi                     | Conaras conarelation Parks  |                    |                     |                 |                         |  |                                       |
| Rita LaForrest   |   |   |                    |                     |                 |                         |  |                                       |
| Street Address   |   |   |                    | N                   | 1               | D                       | Y  | Amount                                |
| 1114 Slade Ave   |   |   |                    | 0                   | 3               | 0 9                     | 1 0  | 50.00                                 |
| City   | St  | ate   | Zip Code           |                     |                 | , Check,                |  |                                       |
| Columbus   | 0   | Н   | 43235              | Cł                  | neck            |                         |  |                                       |
| Full Name of Contributor   |   |   |                    |                     |                 |                         |  |                                       |
| Bill Beelman   |   |   |                    |                     |                 |                         |  |                                       |
| Street Address   |   |   |                    | N                   | 1               | D                       | Y  | Amount                                |
| 221 Westwood Road  |   |   |                    | 10                  | 4               | 0 8                     | 110  | 25.00                                 |
| City   | St  | ate   | Zip Code           |                     |                 | n, Check,               | 1  |                                       |
| Columbus   | 0   | Н   | 43214              | Ci                  | neck            |                         |  |                                       |
| Full Name of Contributor   |   |   |                    |                     |                 |                         |  |                                       |
| Bill Beelman   |   |   |                    |                     |                 |                         |  |                                       |
| Street Address   |   |   |                    | N                   | Л               | D                       | Y  | Amount                                |
| 221 Westwood Road  |   |   |                    | l <sub>0</sub>      | 6               | 1   7                   | 1 0  | 25.00                                 |
| City   | St  | ate   | Zip Code           |                     |                 | n, Check,               |  | 20.00                                 |
| Columbus   | 0   | Н   | 43214              | CI                  | neck            |                         |  |                                       |
| Full Name of Contributor   |   | * * T   | 10211              |                     |                 |                         |  |                                       |
|  |   |   |                    |                     |                 |                         |  |                                       |
| Street Address   |   |   |                    | <u> </u>            | 1               | D                       | Y  | Amount                                |
| Sheet Address  |   |   |                    | "                   |                 |                         |  | 7 1110 1111                           |
| Cir.   | I 66  | ate   | Zip Code           | For                 | m (Cash         | n, Check,               | etc)   |                                       |
| City   | 50  |   | Zip Code           |                     | (Oub            | ., 0,                   | ,  |                                       |
| Full Name of Contributor   |   |   |                    |                     |                 |                         | X5.00  |                                       |
| Full Name of Contributor   |   |   |                    |                     |                 |                         |  |                                       |
| Co A 3.1   |   |   |                    |                     |                 | D                       | Y  | Amount                                |
| Street Address   |   |   |                    |                     | 1               | J                       | 1  | Amount                                |
| Δ.   | C.  |   | Trin Code          | For                 | m (Cool         | n, Check,               | ato)   |                                       |
| City   | 50  | ate   | Zip Code           | For                 | III (Casi       | i, Check,               | eic)   |                                       |
|  | tidak namentahakking mangatak                   | And this spread on the spread of the spread |                    |                     |                 |                         |  |                                       |
| Full Name of Contributor   |   |   |                    |                     |                 |                         |  |                                       |
|  |   |   |                    | <u>N</u>            |                 |                         |  |                                       |
| Street Address   |   |   |                    | N                   | A               | D                       | Y  | Amount                                |
|  | T   |   | 1                  |                     |                 |                         | $\perp$  |                                       |
| City   | St  | ate   | Zip Code           | Por                 | m (Casi         | n, Check,               | etc)   |                                       |
|  |   |   |                    |                     | VANCOUNTERONIUS | *********************** | AND FOR SOME OF A SOME OF SOME |                                       |
|  |   |   |                    | I M. T              | ·               | 1.                      |  |                                       |
| The above are employees of a unit or department under the direct supervis  | ion or coi                                      | ntrol of  |                    | Lori M. T           | .yac            | 'K                      | , w  | who currently holds the public office |
| of Franklin Co. Muni Clerk . I hereby affirm that e                        | each contr                                      | ibution v   | vas voluntarily ma | ade.                |                 |                         |  |                                       |
|  |   |   |                    |                     |                 |                         |  |                                       |
| (Signature of Treasure   | er or Depu                                      | ity Treas   | urer)              |                     |                 |                         |  |                                       |
| Transfer total employee contributions to Form No. 31-A or 31-E, if receive | ed at a so                                      | cial or fu  | ndraising event. U | Under "Full Name of | f Contr         | ibutor" s               | state "To  | otal employee                         |
| contributions from form No. 31-G."   |   |   |                    |                     |                 |                         |  | -                                     |
|  |   |   |                    |                     |                 |                         | Pa   | age Total \$100.00_                   |