Z = A

## **Contributors in Officeholder's Employ**

Prescribed by Secretary of State 2/01

	Prescribe	a by sec	relary of State 2/01			
Name of Committee in Full						
Citizens for Lori M. Tyack						
Full Name of Contributor						
M1chelle LaMarr Street Address				M D	Y	Amount
1734 East Kossuth St				1 . 1 . 1		100.00
1734 East Nossulli St City	State Zip Code			Form (Cash Check, e		100.00
Columbus	0	Н	43206	Cash		
Full Name of Contributor						
Marilynn Stephens						
Street Address				M D	Y	Amount
857 S. 5th St.				1 1 1 2		100.00
City	l _	ate TT	Zip Code	Form (Cash, Check, e	tc)	
Columbus Full Name of Contributor	0	H	43206-2611	Check		
Judy Vance						
Street Address				M D	Y	Amount
14819 Crownover Mıll Rd.				1 1 1 2	0 9	100.00
City	St	ate	Zıp Code	Form (Cash, Check, e		
New Holland	0	H	43145	Check		
Full Name of Contributor						
THIS ENTRY LEFT BLANK INTENTIONALLY						
Street Address				M D	Y 	Amount
City	St	ate	Zıp Code	Form (Cash, Check;	tc)	
Full Name of Contributor						
Mike Cherry Street Address				M D	Y	Amount
7457 Ida Way				$\begin{vmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 & 2 \end{vmatrix}$		100.00
City	St	ate	Zıp Code	Form (Cash, Check,		100.00
Canal Winchester	0	Н	43110-1335	Check		
Full Name of Contributor			<u> </u>			
Edwin L. Saeger						
Street Address				M D	Y	Amount
11425 Taylor Rd.				1 1 1 2	0 9	100.00
City	_	ate 	Zip Code	Form (Cash, Check, e	:tc)	
Plain City	0	H	43064	Check		
The above are employees of a unit or department under the direct supervision or control of						
of Franklin Co. Muni Clerk 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 "					Pa	ge Total \$500.00