

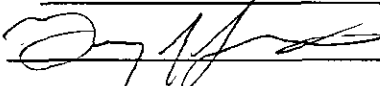
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

| | | | | |
|--|--|--------------------------|---|-------------------------|
| Name of Committee in Full Citizens for Lori M. Tyack | | | | |
| Full Name of Contributor Bob Nolan | | | | |
| Street Address 3884 Norbrook Drive | | | M 0 | D 9 |
| City Columbus | | | Y 1 | Amount 100.00 |
| State O H | | Zip Code 43220 | Form (Cash, Check, etc) Cash | |
| Full Name of Contributor Bill Beelman (Returned Check) | | | | |
| Street Address 221 Westwoodo Road | | | M 1 | D 2 |
| City Columbus | | | Y 1 | Amount 25.00 |
| State O H | | Zip Code 43214 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor | | | | |
| Street Address | | | M | D |
| City | | | Y | Amount |
| State | | Zip Code | Form (Cash, Check, etc) | |
| Full Name of Contributor | | | | |
| Street Address | | | M | D |
| City | | | Y | Amount |
| State | | Zip Code | Form (Cash, Check, etc) | |
| Full Name of Contributor | | | | |
| Street Address | | | M | D |
| City | | | Y | Amount |
| State | | Zip Code | Form (Cash, Check, etc) | |
| Full Name of Contributor | | | | |
| Street Address | | | M | D |
| City | | | Y | Amount |
| State | | Zip Code | Form (Cash, Check, etc) | |
| Full Name of Contributor | | | | |
| Street Address | | | M | D |
| City | | | Y | Amount |
| State | | Zip Code | Form (Cash, Check, etc) | |

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

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."

Page Total \$ 125.00