

FILED

Ohio Campaign Finance Report

07 JUL 31 AM 9:33

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Lori Tyack		Registration Number, if PAC	
Full Name of Candidate Lori M. Tyack			
Street Address 947 Clubview Blvd. North		Office Sought Municipal Clerk of Court	District Franklin Cty
City Columbus		State O H	Zip Code 43235
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Annual Year
	July	August	Semiannual
	Monthly	Monthly	Termination X 2007
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		M	D Y
		1 1	0 8 0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 2,567.11
2. Total monetary contributions (From Form No. 31-A)	\$ 3,985.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 6,552.11
5. Total monetary expenditures (From Form No. 31-B)	\$ 5,300.18
6. Balance on hand (line 4 minus line 5)	\$ 1,251.93
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 628.64
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Andrea Hecht, Treasurer

Andrea Hecht

7-31-07

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 6

Expenditure pages 3

Other pages 2

Total pages 11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack						
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	4	2	2,935.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	4	2	650.00
Full Name of Contributor Contributions from Form No. 31-G				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
						400.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori Tyack													
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	1	1	6	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	1	1	6	0	7	5.00
Address P. O. Box 1558				Purpose Checks returned statement fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	2	1	5	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	2	1	5	0	7	5.00
Address P. O. Box 1558				Purpose Checks returned statement fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	3	1	5	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	3	1	5	0	7	5.00
Address P. O. Box 1558				Purpose Checks returned statement fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	4	1	6	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee									
City Columbus			State O H	Zip Code 43216		Check Number							
To Whom Paid Huntington National Bank							M	D	Y	Amount			
							0	4	1	6	0	7	5.00
Address P. O. Box 1558				Purpose Checks returned statement fee									
City Columbus			State O H	Zip Code 43216		Check Number							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori Tyack							
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	5	1	20.00
Address P. O. Box 1558		Purpose Monthly Service Fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	5	1	5.00
Address P. O. Box 1558		Purpose Checks returned statement fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	6	1	20.00
Address P. O. Box 1558		Purpose Monthly Service Fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	6	1	5.00
Address P. O. Box 1558		Purpose Checks returned statement fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	7	1	20.00
Address P. O. Box 1558		Purpose Monthly Service Fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	7	1	5.00
Address P. O. Box 1558		Purpose Checks returned statement fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	7	1	20.00
Address P. O. Box 1558		Purpose Checks returned statement fee					
City Columbus	State O	H	Zip Code 43216	Check Number			
To Whom Paid Huntington National Bank				M	D	Y	Amount
				0	7	1	5.00
To Whom Paid Friends for Ginther				M	D	Y	Amount
				0	3	2	250.00
Address 405 East Town Street		Purpose Campaign Contribution					
City Columbus	State O	H	Zip Code 43215	Check Number 206			
To Whom Paid Ohio Ethics Commission				M	D	Y	Amount
				0	3	2	40.00
Address 8 E. Long Street, 10th floor		Purpose Filing of Ethics Form					
City Columbus	State O	H	Zip Code 43215	Check Number 207			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori Tyack												
To Whom Paid Committee for Joyce Beatty						M	D	Y	Amount			
						0	3	2	8	0	7	500.00
Address				Purpose								
				Fire and Focus Luncheon								
City		State		Zip Code		Check Number						
Columbus		OH				208						
To Whom Paid Lori M. Tyack						M	D	Y	Amount			
						0	4	1	8	0	7	268.36
Address				Purpose								
947 Clubview Blvd. North				Reimbursement								
City		State		Zip Code		Check Number						
Columbus		OH		43235		209						
To Whom Paid Central Ohio Labor Council AFL-CIO						M	D	Y	Amount			
						0	4	0	3	0	7	470.00
Address				Purpose								
1545 Alum Creek Drive, 2nd Fl				Fundraiser								
City		State		Zip Code		Check Number						
Columbus		OH		43209		210						
To Whom Paid Citizens for Priscilla Tyson						M	D	Y	Amount			
						0	5	1	5	0	7	100.00
Address				Purpose								
1465 E. Broad Street				Fundraiser								
City		State		Zip Code		Check Number						
Columbus		OH		43205		211						
To Whom Paid Paula Brooks for Commissioner						M	D	Y	Amount			
						0	7	1	1	0	7	2,000.00
Address				Purpose								
550 E. Walnut Street				Contribution								
City		State		Zip Code		Check Number						
Columbus		OH		43215		212						
To Whom Paid Joe Mas for Judge						M	D	Y	Amount			
						0	7	1	4	0	7	75.00
Address				Purpose								
439 Colonial Avenue				Fundraiser								
City		State		Zip Code		Check Number						
Worthington		OH		43085		213						
To Whom Paid Michael C. Mentel for Council						M	D	Y	Amount			
						0	5	0	4	0	7	150.00
Address				Purpose								
				Campaign Contribution								
City		State		Zip Code		Check Number						
Columbus		OH				214						
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount			
						0	4	2	2	0	7	1,271.82
Address				Purpose								
City		State		Zip Code		Check Number						

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Lori Tyack		Law Office		0	4	1	100.00
Full Name of Contributor		State		Zip Code		Form(Cash, Check, etc)	
Kravitz, Brown & Dortch		OH		43215		check	
Street Address		City		Registration Number, if PAC			
145 E. Rich Street		Columbus					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Samuel B. Weiner		self		0	4	1	50.00
Street Address		State		Zip Code		Form(Cash, Check, etc)	
743 S. Front Street		OH		43206		check	
City		Registration Number, if PAC					
Columbus							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Kemp, Schaeffer, Rowe & Lardiere		Law Office		0	4	1	100.00
Street Address		State		Zip Code		Form(Cash, Check, etc)	
88 West Mound Street		OH		43215		check	
City		Registration Number, if PAC					
Columbus							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Clark, Perdue, Arnold & Scott		Law Office		0	4	1	500.00
Street Address		State		Zip Code		Form(Cash, Check, etc)	
471 E. Broad Street, Ste 1400		OH		43215		check	
City		Registration Number, if PAC					
Columbus							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Blumenstiel, Huhn & Adams		Law Office		0	4	2	50.00
Street Address		State		Zip Code		Form(Cash, Check, etc)	
261 W Johnstown Road		OH		43230		check	
City		Registration Number, if PAC					
Gahanna							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
William W. Lamkin		self		0	4	1	100.00
Street Address		State		Zip Code		Form(Cash, Check, etc)	
500 S. Front St., Ste 200		OH		43215		check	
City		Registration Number, if PAC					
Columbus							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Kenneth Peltier		City of Columbus		0	4	2	100.00
Street Address		State		Zip Code		Form(Cash, Check, etc)	
4065 Saturn Road		OH		43026		check	
City		Registration Number, if PAC					
Hilliard							

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Lori Tyack							
Full Name of Contributor Roger M. Koeck				Registration Number, if PAC			
Street Address 6257 Emberwood Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Dublin		State O H	Zip Code 43017	Form(Cash, Check, etc) check			
Full Name of Contributor Susan Pettit				Registration Number, if PAC			
Street Address 713 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	50.00
City Columbus		State O H	Zip Code 43206	Form(Cash, Check, etc) check			
Full Name of Contributor Joseph D. Reed				Registration Number, if PAC			
Street Address 713 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash, Check, etc) check			
Full Name of Contributor Woody Fox				Registration Number, if PAC			
Street Address High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	150.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor Serajul Hoque				Registration Number, if PAC			
Street Address 2942 Brandon Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		City of Columbus		0	4	2	150.00
City Upper Arlington		State O H	Zip Code 43221	Form(Cash, Check, etc) check			
Full Name of Contributor David C. Bischoff				Registration Number, if PAC			
Street Address 1731 Marinette Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	150.00
City Springfield		State O H	Zip Code 45503	Form(Cash, Check, etc) check			
Full Name of Contributor Crystal Renee Ross				Registration Number, if PAC			
Street Address 5390 Westfall Road SW		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		City of Columbus		0	4	2	100.00
City Lancaster		State O H	Zip Code 43130	Form(Cash, Check, etc) check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Lori Tyack			
Full Name of Contributor Robert G. Nolan		Registration Number, if PAC	
Street Address 3884 Norbrook Drive	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 4 2 6 0 7	Amount 100.00
City Columbus	State Zip Code O H 43220	Form(Cash,Check,etc) check	
Full Name of Contributor James M. Schottenstein		Registration Number, if PAC	
Street Address 2300 Commonwealth Park N.	Employer/Occupation/Labor Organization* self	M D Y 0 4 2 6 0 7	Amount 150.00
City Columbus	State Zip Code O H 43209	Form(Cash,Check,etc) check	
Full Name of Contributor Citizens for Rankin		Registration Number, if PAC	
Street Address 545 E. Town Street	Employer/Occupation/Labor Organization* Campaign Account	M D Y 0 4 2 6 0 7	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Matthew Lee Davenport		Registration Number, if PAC	
Street Address 2165 Jade Street	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 4 2 6 0 7	Amount 100.00
City Grove City	State Zip Code O H 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Matthew J. Pendy		Registration Number, if PAC	
Street Address 3989 Bluebird Court	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 4 2 6 0 7	Amount 50.00
City Westerville	State Zip Code O H 43081	Form(Cash,Check,etc) check	
Full Name of Contributor David W. Petikas		Registration Number, if PAC	
Street Address 6166 Jeffrelyn Drive	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 4 2 6 0 7	Amount 50.00
City Hilliard	State Zip Code O H 43026	Form(Cash,Check,etc) check	
Full Name of Contributor Daniel J. Hoye		Registration Number, if PAC	
Street Address 85 S. Roys Avenue	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 4 2 6 0 7	Amount 100.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) check	

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Lori Tyack							
Full Name of Contributor Michael A. Ferguson				Registration Number, if PAC			
Street Address 2355 Berry Hill Drive	Employer/Occupation/Labor Organization* City of Columbus			M 0	D 4	Y 2007	Amount 50.00
City Grove City	State OH	Zip Code 43123		Form(Cash,Check,etc) check			
Full Name of Contributor Jeffrey T. Dever				Registration Number, if PAC			
Street Address 5222 Crescent Court	Employer/Occupation/Labor Organization* City of Columbus			M 0	D 4	Y 2007	Amount 50.00
City Hilliard	State OH	Zip Code 43026		Form(Cash,Check,etc) check			
Full Name of Contributor Ian Rodier				Registration Number, if PAC			
Street Address 309 S Fourth St, Ste 200	Employer/Occupation/Labor Organization* self			M 0	D 4	Y 2007	Amount 100.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Joseph E. Scott				Registration Number, if PAC			
Street Address 35 E. Livingston	Employer/Occupation/Labor Organization* self			M 0	D 4	Y 2007	Amount 150.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Ira B. Sully				Registration Number, if PAC			
Street Address 844 S Front Street	Employer/Occupation/Labor Organization* self			M 0	D 4	Y 2007	Amount 75.00
City Columbus	State OH	Zip Code 43206		Form(Cash,Check,etc) check			
Full Name of Contributor Jonathan Kopech				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization* City of Columbus			M 0	D 4	Y 2007	Amount 60.00
City	State	Zip Code		Form(Cash,Check,etc) cash			
Full Name of Contributor Violette P. Croley				Registration Number, if PAC			
Street Address 600 High Street	Employer/Occupation/Labor Organization* retired			M 0	D 5	Y 2007	Amount 50.00
City Worthington	State OH	Zip Code 43085		Form(Cash,Check,etc) cash			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

28

Total expenditures this event

Page Total \$ 535.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Lori Tyack		City of Columbus		0	4	2	100.00
Full Name of Contributor		State		Form(Cash, Check, etc)			
David Petikas		OH 43026		cash			
Street Address		City		M	D	Y	Amount
6166 Jeffrelyn Drive		Hilliard		0	4	2	100.00
City		State		Form(Cash, Check, etc)			
Hilliard		OH 43026		cash			
Full Name of Contributor		City of Columbus		0	4	2	100.00
Abbie Armitage		Columbus		0	4	2	100.00
Street Address		State		Form(Cash, Check, etc)			
2732 Eastleft Drive		OH 43221		check			
City		Zip Code		Form(Cash, Check, etc)			
Columbus		43221		check			
Full Name of Contributor		City of Columbus		0	4	2	200.00
Tommy J. McFerin		Pataskala		0	4	2	200.00
Street Address		State		Form(Cash, Check, etc)			
12800 Adams Lane		OH 43062		check			
City		Zip Code		Form(Cash, Check, etc)			
Pataskala		43062		check			
Full Name of Contributor		City of Columbus		0	4	2	250.00
Michael E. Zatezalo		Columbus		0	4	2	250.00
Street Address		State		Form(Cash, Check, etc)			
65 E. State Street, Ste 1800		OH 43215		check			
City		Zip Code		Form(Cash, Check, etc)			
Columbus		43215		check			
Full Name of Contributor		City of Columbus					
Street Address		State		Form(Cash, Check, etc)			
City		Zip Code		Form(Cash, Check, etc)			
Full Name of Contributor		City of Columbus					
Street Address		State		Form(Cash, Check, etc)			
City		Zip Code		Form(Cash, Check, etc)			
Full Name of Contributor		City of Columbus					
Street Address		State		Form(Cash, Check, etc)			
City		Zip Code		Form(Cash, Check, etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

4

Total expenditures this event

5

Page Total \$ 650.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Lori Tyack												
To Whom Paid Black Wing Shooting						M	D	Y	Amount			
						0	4	2	2	0	7	735.49
Address 3722 Marysville Road				Purpose facility rental, equipment rental, Ammunition								
City Delaware		State O H	Zip Code 43015		Check Number Check Card							
To Whom Paid Giant-Eagle						M	D	Y	Amount			
						0	4	2	2	0	7	33.55
Address				Purpose Food for fundraiser								
City Columbus		State O H	Zip Code		Check Number check card							
To Whom Paid U.S. Post Office						M	D	Y	Amount			
						0	4	2	2	0	7	28.00
Address				Purpose postage								
City Columbus		State O H	Zip Code		Check Number check card							
To Whom Paid U.S. Post Office						M	D	Y	Amount			
						0	4	0	3	0	7	390.00
Address				Purpose postage								
City Columbus		State O H	Zip Code		Check Number check card							
To Whom Paid Staples						M	D	Y	Amount			
						0	4	0	3	0	7	84.78
Address				Purpose Invitations/envelopes								
City Columbus		State O H	Zip Code		Check Number Check Card							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

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										
Dennis Smith										
Street Address				M	D	Y	Amount			
4586 Pebble Beach Road				0	7	0	9	0	7	50.00
City		State		Zip Code		Form (Cash, Check, etc)				
Grove City		O H		43123		check				
Full Name of Contributor										
Marilynn Stephens										
Street Address				M	D	Y	Amount			
103C N Paint Street				0	5	1	0	0	7	150.00
City		State		Zip Code		Form (Cash, Check, etc)				
Chillicothe		O H		45601		check				
Full Name of Contributor										
Kevin J. Kelley										
Street Address				M	D	Y	Amount			
2619 Bexley Park Road				0	7	1	0	0	7	200.00
City		State		Zip Code		Form (Cash, Check, etc)				
Columbus		O H		43209		check				
Full Name of Contributor										
Street Address										
City										
State										
Zip Code										
Form (Cash, Check, etc)										
Full Name of Contributor										
Street Address										
City										
State										
Zip Code										
Form (Cash, Check, etc)										
Full Name of Contributor										
Street Address										
City										
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 1 County Municipal 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 \$ 400.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack			
Full Name of Contributor Saia & Piatt		Employer, Occupation, Labor Organization * Law Office	
Street Address 713 S. Front Street		Description of Item or Service Invitations/Envelopes	
City Columbus		State Zip Code OH 43206	
		M D Y Fair Market Value 0 4 2 6 0 7 87.71	
Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor Saia & Piatt		Employer, Occupation, Labor Organization * Law Office	
Street Address 713 S. Front Street		Description of Item or Service Postage	
City Columbus		State Zip Code OH 43206	
		M D Y Fair Market Value 0 4 2 6 0 7 234.00	
Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor Saia & Piatt		Employer, Occupation, Labor Organization * Law Office	
Street Address 713 S. Front Street		Description of Item or Service Pizza	
City Columbus		State Zip Code OH 43206	
		M D Y Fair Market Value 0 4 2 6 0 7 138.84	
Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor Saia & Piatt		Employer, Occupation, Labor Organization * Law Office	
Street Address 713 S. Front Street		Description of Item or Service Water, Pop, Beer, Paper	
City Columbus		State Zip Code OH 43206	
		M D Y Fair Market Value 0 4 2 6 0 7 168.09	
Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code	
		M D Y Fair Market Value	
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code	
		M D Y Fair Market Value	
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code	
		M D Y Fair Market Value	
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code	
		M D Y Fair Market Value	
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]