

FILED

Ohio Campaign Finance Report

08 JAN 31 AM 8:45

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee Citizens for Lori M. Tyack							Registration Number, if ELECTIONS			
Full Name of Candidate Lori M. Tyack										
Street Address 947 Clubview Blvd. North					Office Sought Municipal Clerk			District Franklin Co.		
City Columbus					State O H		Zip Code 43235			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		X	Annual Year
	July		August		September		Termination			2007
	Monthly		Monthly		Monthly					Semianual
Amended Report? <input type="checkbox"/> Yes <input checked="" 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	\$	5,051.93
2. Total monetary contributions (From Form No. 31-A)	\$	3,805.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	8,856.93
5. Total monetary expenditures (From Form No. 31-B)	\$	1,528.43
6. Balance on hand (line 4 minus line 5)	\$	7,328.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	820.64
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)	\$	3,000.00
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 / Lori M Tyack
Print Name and Title (Treasurer and Deputy Treasurer only)

Lori M Tyack
Signature

1-30-08
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack							
Full Name of Contributor Total monetary contributions from 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			1	0	0	3	07
					1,890.00		
Full Name of Contributor Total monetary contributions from 31-G					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			1	0	0	3	07
					1,915.00		
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	
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 M. Tyack												
To Whom Paid Southeast Lions Club						M	D	Y	Amount			
						1	0	1	8	0	7	60.00
Address P. O. Box 06296				Purpose advertising								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43206		Check Number 0218						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						1	0	2	4	0	7	1,000.00
Address 271 E. State Street				Purpose Ballot Breakfast								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43214		Check Number 0219						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	8	1	5	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43216		Check Number						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	8	1	5	0	7	5.00
Address P. O. Box 1558				Purpose Checks Returned Statement Fee								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43216		Check Number						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	9	1	7	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43216		Check Number						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	9	1	7	0	7	5.00
Address P. O. Box 1558				Purpose Checks Returned Statement Fee								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43216		Check Number						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	0	1	5	0	7	20.00
Address P. O. Box 1558				Purpose Monthly Service Fee								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43216		Check Number						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	0	1	5	0	7	5.00
Address P. O. Box 1558				Purpose Checks Returned Statement Fee								
City Columbus		State <input type="radio"/> <input type="radio"/> H		Zip Code 43216		Check Number						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack												
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	1	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			
						1	1	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			
						1	2	1	7	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			
						1	2	1	7	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						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						
To Whom Paid						M	D	Y	Amount			
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 Citizens for Lori Tyack					
Full Name of Contributor Bradley B. Bennett				Registration Number, if PAC	
Street Address 3050 Avalon Road		Employer/Occupation/Labor Organization* Self		M D Y 0 9 2 9 0 7	Amount 88.00
City Columbus		State O H	Zip Code 4322	Form(Cash,Check,etc) check	
Full Name of Contributor Lillian L. Macer				Registration Number, if PAC	
Street Address 214 Abbot Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 0 7	Amount 40.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check	
Full Name of Contributor Kathleen K. Cooper				Registration Number, if PAC	
Street Address 514 Stevenson Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 7	Amount 44.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check	
Full Name of Contributor Lois Reese				Registration Number, if PAC	
Street Address 1330 Wilson Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 6 0 7	Amount 44.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Ruth Rankin				Registration Number, if PAC	
Street Address 2432 Wyncourtney Court		Employer/Occupation/Labor Organization*		M D Y 1 0 0 3 0 7	Amount 44.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) cash	
Full Name of Contributor Valerie Knapp				Registration Number, if PAC	
Street Address 500 Olenwood Ave		Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 0 7	Amount 20.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check	
Full Name of Contributor Paul Cynkar				Registration Number, if PAC	
Street Address 7022 Wethersfield Pl		Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 0 7	Amount 20.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check	

* 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)]

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 \$ 300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack						Registration Number, if PAC	
Full Name of Contributor Michael T. Irwin				Registration Number, if PAC			
Street Address 280 S. State St		Employer/Occupation/Labor Organization* Self		M	D	Y	Amount
				0	9	2	44.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc) check			
Full Name of Contributor IBEW COPE						Registration Number, if PAC	
Street Address 900 Seventh St, NW		Employer/Occupation/Labor Organization* Labor Organization		M	D	Y	Amount
				1	0	1	250.00
City Washington		State D C	Zip Code 20001	Form(Cash,Check,etc) check			
Full Name of Contributor Clark Perdue Arnold & Scott LPA						Registration Number, if PAC	
Street Address 471 E. Broad St, Ste 1400		Employer/Occupation/Labor Organization* Law Firm		M	D	Y	Amount
				0	9	2	44.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Marlene Lynn						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	44.00
City Columbus		State O H	Zip Code	Form(Cash,Check,etc) cash			
Full Name of Contributor Edward J. Orlett						Registration Number, if PAC	
Street Address 1620 E. Broad Ste, Apt 1603		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	50.00
City Columbus		State O H	Zip Code 43203	Form(Cash,Check,etc) check			
Full Name of Contributor Peter Rogers						Registration Number, if PAC	
Street Address 1609 Shelly Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	75.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) check			
Full Name of Contributor Ruth Silverman						Registration Number, if PAC	
Street Address 715 Gatehouse Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	22.00
City Columbus		State O H	Zip Code 43235	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 \$ 529.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Lori Tyack						
Full Name of Contributor			Registration Number, if PAC			
Myrtle Bradley						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
433 Ridgedale Drive North			0	9	2	44.00
City	State	Zip Code	Form(Cash,Check,etc)			
Worthington	O H	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Abe Bahgat						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
338 S. High Street			1	0	3	44.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	check			
Full Name of Contributor			Registration Number, if PAC			
J. Stephen Bennett						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
335 Waltham			1	0	3	44.00
City	State	Zip Code	Form(Cash,Check,etc)			
Powell	O H	43065	check			
Full Name of Contributor			Registration Number, if PAC			
Cynthia Brim						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2405 McCutcheon Road			1	0	2	88.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43219	check			
Full Name of Contributor			Registration Number, if PAC			
Mary Jo Cusak						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7140 N. High St, Ste 210			1	0	3	44.00
City	State	Zip Code	Form(Cash,Check,etc)			
Worthington	O H	43085	check			
Full Name of Contributor			Registration Number, if PAC			
Gregory Finnerty						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6013 Roundtower Lane			1	0	3	144.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43017	check			
Full Name of Contributor			Registration Number, if PAC			
Nathan Gordon						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2485 E. Broad Street			1	0	3	44.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43209	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 \$ 452.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack							
Full Name of Contributor Jim Gravelle				Registration Number, if PAC			
Street Address 8215 Morse Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	7
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) check		44.00	
Full Name of Contributor John P. Johnson, II				Registration Number, if PAC			
Street Address 567 Springbrook East		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	7
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc) check		45.00	
Full Name of Contributor Donald S. Klco				Registration Number, if PAC			
Street Address 225 E. N. Broadway		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	7
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) check		50.00	
Full Name of Contributor Koepch & O'Grady				Registration Number, if PAC			
Street Address 500 S. Front Street, ste 1200		Employer/Occupation/Labor Organization* Law Firm		M	D	Y	Amount
				1	0	0	7
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check		100.00	
Full Name of Contributor Michael J. Puckett				Registration Number, if PAC			
Street Address 27 W. Weber Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	7
City Columbus		State O H	Zip Code 43202	Form(Cash,Check,etc) check		100.00	
Full Name of Contributor Plumbers & Pipefitters				Registration Number, if PAC #6220			
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization* Labor Organization		M	D	Y	Amount
				1	0	0	7
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) check		132.00	
Full Name of Contributor Greg C. Schultz				Registration Number, if PAC			
Street Address 672 1/2 N. High, apt 5		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	7
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check		44.00	

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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 \$ 515.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack				Registration Number, if PAC			
Full Name of Contributor Michael Sexton				Registration Number, if PAC			
Street Address 9 Buttles Avenue, Apt 414		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	1	0	03	50.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Wanda Curry-Shepard				Registration Number, if PAC			
Street Address 8366 Lucerne Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Reynoldsburg		State O H	Zip Code 43068	1	0	03	44.00
				Form(Cash,Check,etc) cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				

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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 \$ 94.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Lori M. Tyack								
To Whom Paid U. S Postmaster				M	D	Y	Amount	
				0	9	2 5	0 7	13.00
Address		Purpose postage for invitations						
City West Worthington		State O H	Zip Code 43235	Check Number check card				
To Whom Paid U. S Postmaster				M	D	Y	Amount	
				0	9	2 0	0 7	260.00
Address		Purpose postage for invitations						
City West Worthington		State O H	Zip Code 43235	Check Number 0215				
To Whom Paid Office Max				M	D	Y	Amount	
				1	0	0 2	0 7	70.43
Address 5780 Britton Parkway		Purpose office supplies						
City Dublin		State O H	Zip Code 43017	Check Number 0216				
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				
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				M	D	Y	Amount
Citizens for Lori M. Tyack							
Full Name of Contributor							
Tommy J. McFerin							
Street Address				1	0	0	400.00
12800 Adams Lane				3	0	7	
City	State	Zip Code	Form (Cash, Check, etc)				
Pataskala	O H	43062	Check				
Full Name of Contributor							
Anne Marie Flaherty							
Street Address				0	9	2	44.00
60 Broadmeadows Blvd., Apt 306				5	0	7	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43214	Check				
Full Name of Contributor							
Rhonda K. Ferguson							
Street Address				1	0	0	44.00
1270 Holton Road				3	0	7	
City	State	Zip Code	Form (Cash, Check, etc)				
Grove City	O H	43123	Check				
Full Name of Contributor							
Michelle Lamar							
Street Address				1	0	0	44.00
1734 East Kossuth Street				3	0	7	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43206	cash				
Full Name of Contributor							
LaDonna Little							
Street Address				1	0	0	44.00
2141 Maplewood Drive				3	0	7	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43229	cash				
Full Name of Contributor							
Dan Hoye							
Street Address				1	0	0	44.00
85 S. Roys Avenue				3	0	7	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43204	cash				

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

of _____. 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 \$ 620.00

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 Ahmed Kasheer							
Street Address 5148 Pebble Lane				M	D	Y	Amount
				1	0	0	88.00
City Columbus		State O H	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Marilyn Sweazy							
Street Address 1025 Searles Avenue				M	D	Y	Amount
				1	0	0	44.00
City Columbus		State O H	Zip Code 43223	Form (Cash, Check, etc) cash			
Full Name of Contributor Abbie Armitage							
Street Address 2732 Eastleft Dr				M	D	Y	Amount
				1	0	1	44.00
City Columbus		State O H	Zip Code 43221	Form (Cash, Check, etc) Check			
Full Name of Contributor Bill Beelman							
Street Address 221 Westwood Road				M	D	Y	Amount
				1	0	1	25.00
City Columbus		State O H	Zip Code 43214	Form (Cash, Check, etc) Check			
Full Name of Contributor Roy G. Ball, III							
Street Address 59 S. Westmoor Ave, Apt A				M	D	Y	Amount
				1	0	0	44.00
City Newark		State O H	Zip Code 43055	Form (Cash, Check, etc) Check			
Full Name of Contributor Timothy D. Brewer							
Street Address 3677 Indianola Avenue, Apt C6				M	D	Y	Amount
				1	0	0	44.00
City Columbus		State O H	Zip Code 43214	Form (Cash, Check, etc) Check			

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

of _____. 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."

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 Mike Cherry							
Street Address 7457 Ida Way				M	D	Y	Amount
				0	9	2	50
				7			90.00
City Canal Winchester		State O H	Zip Code 43110	Form (Cash, Check, etc) Check			
Full Name of Contributor Mike Ferguson							
Street Address 2355 Berry Hill Drive				M	D	Y	Amount
				1	0	0	30
				7			44.00
City Grove City		State O H	Zip Code 43123	Form (Cash, Check, etc) Check			
Full Name of Contributor Abdirashid Haji							
Street Address P. O. Box 248681				M	D	Y	Amount
				1	0	0	10
				7			44.00
City Columbus		State O H	Zip Code 43224	Form (Cash, Check, etc) Check			
Full Name of Contributor Deborah Jones							
Street Address 3010 Grasmere Ave				M	D	Y	Amount
				1	0	0	30
				7			44.00
City Columbus		State O H	Zip Code 43224	Form (Cash, Check, etc) Check			
Full Name of Contributor Susan Jones							
Street Address 4915 Morning Light Ct				M	D	Y	Amount
				0	9	2	60
				7			44.00
City Grove Ci ty		State O H	Zip Code 43123	Form (Cash, Check, etc) Check			
Full Name of Contributor Won Y. Kim							
Street Address 7757 Kelly Drive				M	D	Y	Amount
				1	0	0	30
				7			44.00
City Dublin		State O H	Zip Code 43016	Form (Cash, Check, etc) Check			

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of _____. I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)

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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							
Obie D. Lucas							
Street Address				M	D	Y	Amount
4475 Bayshire Road				1	0	0	100.00
City		State	Zip Code		Form (Cash, Check, etc)		
Groveport		O H	43125		Check		
Full Name of Contributor							
Robert G. Nolan							
Street Address				M	D	Y	Amount
3884 Norbrook Dr				1	0	0	44.00
City		State	Zip Code		Form (Cash, Check, etc)		
Columbus		O H	43220		Check		
Full Name of Contributor							
Rhonda K. Nutt							
Street Address				M	D	Y	Amount
1424 Dubay Ave				0	9	2	44.00
City		State	Zip Code		Form (Cash, Check, etc)		
Columbus		O H	43219		Check		
Full Name of Contributor							
Matthew J. Pendy							
Street Address				M	D	Y	Amount
123 Bellefield Avenue				0	9	2	44.00
City		State	Zip Code		Form (Cash, Check, etc)		
Westerville		O H	43081		Check		
Full Name of Contributor							
John David Rathburn							
Street Address				M	D	Y	Amount
2557 Summit St				1	0	0	88.00
City		State	Zip Code		Form (Cash, Check, etc)		
Columbus		O H	43202		Check		
Full Name of Contributor							
Crystal R. Ross							
Street Address				M	D	Y	Amount
5390 Westfall Road, SW				1	0	0	100.00
City		State	Zip Code		Form (Cash, Check, etc)		
Lancaster		O H	43030		Check		

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of _____. I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)

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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 Edwin L. Saeger										
Street Address 11425 Taylor Road				M	D	Y	Amount			
				0	9	2	7	0	7	100.00
City Plain City		State O H	Zip Code 43064	Form (Cash, Check, etc) Check						
Full Name of Contributor Judy Vance										
Street Address 14819 Crownover Mill Road				M	D	Y	Amount			
				1	0	0	3	0	7	88.00
City New Holland		State O H	Zip Code 43145	Form (Cash, Check, etc) Check						
Full Name of Contributor Sancha M. Young										
Street Address 1186 Lawrence Dr				M	D	Y	Amount			
				1	0	0	3	0	7	44.00
City Columbus		State O H	Zip Code 43207	Form (Cash, Check, etc) Check						
Full Name of Contributor Robin Caplinger										
Street Address 5087 Gunston Dr				M	D	Y	Amount			
				0	9	2	7	0	7	44.00
City Columbus		State O H	Zip Code 43232	Form (Cash, Check, etc) Check						
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City		State	Zip Code	Form (Cash, Check, etc)						
Full Name of Contributor										
Street Address				M	D	Y	Amount			
City		State	Zip Code	Form (Cash, Check, etc)						

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

of _____. 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 \$ 276.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Citizens for Lori M. Tyack				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Birthday Cake		1 0 0 3 0 7 35.00
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Decorations		0 9 2 8 0 7 54.39
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Decorations		0 9 2 9 0 7 27.76
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Labels for Invitations		0 9 1 8 0 7 44.81
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Name Badges		0 9 3 0 0 7 4.26
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Note Cards		0 9 2 3 0 7 3.20
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Note Cards		0 9 1 0 0 7 5.61
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Marilynn Stephens		City of Columbus		
Street Address		Description of Item or Service		M D Y Fair Market Value
857 S. Fifth Street		Note Cards		0 9 1 9 0 7 5.61
City		State	Zip Code	Received at Fundraising Event?
Columbus		O H	43206	<input checked="" 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)]

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack			
Full Name of Contributor John Raphael		Employer, Occupation, Labor Organization * self	Registration Number, if PAC
Street Address 261 East North Broadway		Description of Item or Service Decorations	M D Y Fair Market Value 1 0 0 3 0 7 80.00
City Columbus		State Zip Code O H 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor John Raphael		Employer, Occupation, Labor Organization * self	Registration Number, if PAC
Street Address 261 East North Broadway		Description of Item or Service food	M D Y Fair Market Value 1 0 0 3 0 7 250.00
City Columbus		State Zip Code O H 43214	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Don Klco		Employer, Occupation, Labor Organization * Anheiser Bush	Registration Number, if PAC
Street Address 225 East North Broadway		Description of Item or Service alcohol	M D Y Fair Market Value 1 0 0 3 0 7 60.00
City Columbus		State Zip Code O H 43214	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor John Raphael		Employer, Occupation, Labor Organization * self	Registration Number, if PAC
Street Address 261 East North Broadway		Description of Item or Service alcohol	M D Y Fair Market Value 1 0 0 3 0 7 250.00
City Columbus		State Zip Code O H 43214	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	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)]

Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Lori M. Tyack										
To Whom Made Franklin County Democratic Party					Prior Amount			Amt. Loaned this Period 3,000.00		
Address 271 S. State Street								Outstanding Balance 3,000.00		
City Columbus			State OH	Zip Code 43215		Payments Received This Period				
					Date			Amount		
Date Loan was originally Made					M	D	Y	\$		
					1	0	0	4	0	7
To Whom Made					Prior Amount			Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
					Date			Amount		
Date Loan was originally Made					M	D	Y	\$		
To Whom Made					Prior Amount			Amt. Loaned this Period		
Address								Outstanding Balance		
City			State	Zip Code		Payments Received This Period				
					Date			Amount		
Date Loan was originally Made					M	D	Y	\$		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 3,000.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also recorded on Forms 31-A-2)