

FILED

Ohio Campaign Finance Report

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 N					Office Sought Municipal Clerk of Ct.			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		Pre-General		Post-General		X	Annual Year 2008
	July Monthly		August Monthly		September Monthly		Termination			Semiannual
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 1 1	D 0 8	Y 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	\$ 9,032.49
2. Total monetary contributions (From Form No. 31-A)	\$ 7,940.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 16,972.49
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,800.97
6. Balance on hand (line 4 minus line 5)	\$ 13,171.52
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 162.86
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

Gregory J. Lestini, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Gregory J. Lestini
Signature

01/30/2009
Date

Contribution
pages 14

Expenditure
pages 22

Other
pages 0

Total
pages 36

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 Bar of Modern Art					M	D	Y	Amount
					1	0	0	1,901.25
Address 583 East Broad Street			Purpose Fundraiser - Event Space Rental					
City Columbus		State O H	Zip Code 43215	Check Number 0263				
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				
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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Citizens for Lori Tyack												
To Whom Paid						M	D	Y	Amount			
Graphic T's Inc.						0	6	2	7	0	8	456.14
Address			Purpose									
532 Main St.			Campaign T-Shirts									
City		State	Zip Code	Check Number								
Groveport		O H	43215	0229								
To Whom Paid						M	D	Y	Amount			
Friends of Marian Harris						0	6	3	0	0	8	150.00
Address			Purpose									
			Campaign Contribution									
City		State	Zip Code	Check Number								
				0231								
To Whom Paid						M	D	Y	Amount			
Huntington National Bank						0	7	1	5	0	8	20.00
Address			Purpose									
PO Box 1558			Service Charge									
City		State	Zip Code	Check Number								
Columbus		O H	43216	N/A								
To Whom Paid						M	D	Y	Amount			
Franklin County Democratic Party						0	8	0	5	0	8	150.00
Address			Purpose									
271 East State Street			Judicial Salute Contribution									
City		State	Zip Code	Check Number								
Columbus		O H	43215	0232								
To Whom Paid						M	D	Y	Amount			
WCCA						0	6	3	0	0	8	100.00
Address			Purpose									
4519 St. Ann Lane			Parade Entry Fee									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	0230								
To Whom Paid						M	D	Y	Amount			
Danielle Blue for Senate						0	8	1	3	0	8	100.00
Address			Purpose									
			Campaign Contribution									
City		State	Zip Code	Check Number								
				0258								
To Whom Paid						M	D	Y	Amount			
Shawn Dingus For Judge						0	8	1	4	0	8	150.00
Address			Purpose									
			Campaign Contribution									
City		State	Zip Code	Check Number								
				0259								
To Whom Paid						M	D	Y	Amount			
Huntington National Bank						0	8	1	5	0	8	20.00
Address			Purpose									
PO Box 1558			Service Charge									
City		State	Zip Code	Check Number								
Columbus		O H	43216	N/A								

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	8	2	9	0	8	50.00
Address				Purpose								
				Fire & Focus Luncheon Donation								
City		State		Zip Code		Check Number						
						0261						
To Whom Paid FCDP Judicial Account						M	D	Y	Amount			
						0	9	1	7	0	8	50.00
Address				Purpose								
271 East State Street				Campaign Contribution								
City		State		Zip Code		Check Number						
Columbus		O H		43215		0262						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	9	1	5	0	8	20.00
Address				Purpose								
PO Box 1558				Service Charge								
City		State		Zip Code		Check Number						
Columbus		O H		43216		N/A						
To Whom Paid Lori M. Tyack						M	D	Y	Amount			
						0	9	3	0	0	8	100.00
Address				Purpose								
947 Clubview Road				Political Contribution Reimbursement (Ted Celeste)								
City		State		Zip Code		Check Number						
Columbus		O H		43235		0264						
To Whom Paid Lori M. Tyack						M	D	Y	Amount			
						0	9	3	0	0	8	50.00
Address				Purpose								
947 Clubview Road				Political Contribution Reimbursement (Ed Leonard)								
City		State		Zip Code		Check Number						
Columbus		O H		43235		0265						
To Whom Paid Brown For Judge						M	D	Y	Amount			
						1	0	0	1	0	8	150.00
Address				Purpose								
				Campaign Contribution								
City		State		Zip Code		Check Number						
						0266						
To Whom Paid Southeast Lions Club						M	D	Y	Amount			
						1	0	2	1	0	8	60.00
Address				Purpose								
PO Box 06296				Advertisement								
City		State		Zip Code		Check Number						
Columbus		O H		43206		0267						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	0	1	5	0	8	20.00
Address				Purpose								
PO Box 1558				Service Charge								
City		State		Zip Code		Check Number						
Columbus		O H		43216		N/A						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori Tyack												
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						1	0	2	2	0	8	100.00
Address 271 East State Street				Purpose GOTV Reception Tickets								
City Columbus		State O H		Zip Code 43215		Check Number 0268						
To Whom Paid Friends of John O'Grady						M	D	Y	Amount			
						1	0	2	3	0	8	50.00
Address				Purpose Campaign Contribution								
City		State		Zip Code		Check Number 269						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	1	1	7	0	8	30.00
Address PO Box 1558				Purpose Service Charge								
City Columbus		State O H		Zip Code 43216		Check Number N/A						
To Whom Paid Marilynn Stephens						M	D	Y	Amount			
						1	0	2	7	0	8	23.58
Address 857 South 5th Street				Purpose Notecards/Office Supplies Reimbursement								
City Columbus		State O H		Zip Code 43206		Check Number 0270						
To Whom Paid Family Missionary Baptist Church						M	D	Y	Amount			
						0	1	1	5	0	9	50.00
Address 996 Oakwood Ave				Purpose Advertisement								
City Columbus		State O H		Zip Code 43206		Check Number 0271						
To Whom Paid Amount from Form 31-F						M	D	Y	Amount			
									1,901.25			
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

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 7,915.00	
Full Name of Contributor Contributions from form No. 31-G pg 7					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 25.00	
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	
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 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 Joseph L Mas		Registration Number, if PAC	
Street Address 439 Colonial Ave.	Employer/Occupation/Labor Organization* Attorney/Self-employed	M D Y 0 9 3 0 0 8	Amount 50.00
City Worthington	State Zip Code O H 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Janet A. Grubb		Registration Number, if PAC	
Street Address 4062 Georgesville Wrightsville Rd	Employer/Occupation/Labor Organization* Judge	M D Y 1 0 0 2 0 8	Amount 50.00
City Grove City	State Zip Code O H 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Darryl Dever		Registration Number, if PAC	
Street Address 2078 Woodlands Place	Employer/Occupation/Labor Organization* Lobbyist/Self-employed	M D Y 1 0 0 2 0 8	Amount 100.00
City Powell	State Zip Code O H 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert C. Bisciotti		Registration Number, if PAC	
Street Address 6059 Homewell St	Employer/Occupation/Labor Organization* HR Dir. FCCP Court	M D Y 1 0 0 2 0 8	Amount 25.00
City Hilliard	State Zip Code O H 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Eric Brown		Registration Number, if PAC	
Street Address 34 West Poplar Ave	Employer/Occupation/Labor Organization* Judge	M D Y 1 0 0 3 0 8	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor IBEW 683 PCE		Registration Number, if PAC 683 PCE	
Street Address 23 West 2nd Ave	Employer/Occupation/Labor Organization* Labor Org	M D Y 0 9 3 0 0 8	Amount 500.00
City Columbus	State Zip Code O H 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Adele M Lipari		Registration Number, if PAC	
Street Address 5590 Bay Hill Dr	Employer/Occupation/Labor Organization* Dr - OSU Radiology	M D Y 1 0 0 2 0 8	Amount 50.00
City Canfield	State Zip Code O H 44406	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
7,915.00

Total expenditures this event
1,901.25

Page Total \$ 875.00

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		Attorney/Bricker& Eckler		1	0	2	100.00
Full Name of Contributor Luther L. Liggett		Registration Number, if PAC					
Street Address 5053 Grassland Dr		City Dublin		State O H		Zip Code 43016	
Form(Cash,Check,etc) Check							
Full Name of Contributor Mike Rankin		Registration Number, if PAC					
Street Address 2432 Wyncourtney Ct		Employer/Occupation/Labor Organization* Registrar - Ohio BMV		1	0	1	100.00
City Powell		State O H		Zip Code 43065		Form(Cash,Check,etc) Check	
Full Name of Contributor Enaas F. Kasheer		Registration Number, if PAC					
Street Address 5775 Sandymount Dr		Employer/Occupation/Labor Organization* Physician/Self-Employed		1	0	2	100.00
City Dublin		State O H		Zip Code 43016		Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen Mindzak		Registration Number, if PAC					
Street Address 7995 Corsham Ct		Employer/Occupation/Labor Organization* Lobbyist/Self-Employed		1	0	2	200.00
City Dublin		State O H		Zip Code 43016		Form(Cash,Check,etc) Check	
Full Name of Contributor James G. Haywood		Registration Number, if PAC					
Street Address 299 Blandford Dr		Employer/Occupation/Labor Organization* Retired		0	9	2	25.00
City Worthington		State O H		Zip Code 43085		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Tyack		Registration Number, if PAC					
Street Address 8235 Chippenham Dr.		Employer/Occupation/Labor Organization* Attorney/Self-Employed		0	9	2	100.00
City Dublin		State O H		Zip Code 43016		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Oppenheimer		Registration Number, if PAC					
Street Address 811 Wakeman Court		Employer/Occupation/Labor Organization* Retired		0	9	2	100.00
City Westerville		State O H		Zip Code 43081		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
7,915.00

Total expenditures this event
1,901.25

Page Total \$ 725.00

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 Myrtle Bradley		Registration Number, if PAC			
Street Address 433 Ridgedale Dr. N.	Employer/Occupation/Labor Organization* Retired	M 0	D 9	Y 2008	Amount 50.00
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		
Full Name of Contributor Parbara Jamesson		Registration Number, if PAC			
Street Address 1020 Circle on the Green		Employer/Occupation/Labor Organization* Best Effort			
City Columbus	State OH	Zip Code 43235	M 0	D 9	Y 2008
			Amount 50.00		
Form(Cash,Check,etc) Check					
Full Name of Contributor Bradley Bennett		Registration Number, if PAC			
Street Address 3050 Avalon Rd		Employer/Occupation/Labor Organization* Realtor			
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2008
			Amount 200.00		
Form(Cash,Check,etc) Check					
Full Name of Contributor Larry Hotchkiss		Registration Number, if PAC			
Street Address 1241 Dublin Rd.		Employer/Occupation/Labor Organization* Attorney			
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2008
			Amount 100.00		
Form(Cash,Check,etc) Check					
Full Name of Contributor Bruce Weston		Registration Number, if PAC			
Street Address PO Box 163338		Employer/Occupation/Labor Organization* Ohio Consumers Counsel			
City Columbus	State OH	Zip Code 43216	M 0	D 9	Y 2008
			Amount 50.00		
Form(Cash,Check,etc) Check					
Full Name of Contributor SMD/HLS Bonding Co (Jon Handler)		Registration Number, if PAC			
Street Address 571 South High St		Employer/Occupation/Labor Organization* LLC (Surety Underwriter)			
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2008
			Amount 200.00		
Form(Cash,Check,etc) Check					
Full Name of Contributor Blaise Baker		Registration Number, if PAC			
Street Address 600 South High Street		Employer/Occupation/Labor Organization* Attorney/Self-Employed			
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2008
			Amount 50.00		
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
7,915.00

Total expenditures this event
1,901.25

Page Total \$ 700.00

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 John Raphael/The Raphael Co.		Registration Number, if PAC	
Street Address 444 South Front St.	Employer/Occupation/Labor Organization* Sole Proprietorship	M D Y 1 0 3 0 8	Amount 350.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor United Steelworkers, District 1 PCE		Registration Number, if PAC District 1 PCE	
Street Address 777 Dearborn Park Lane, Suite J	Employer/Occupation/Labor Organization* Labor Organization	M D Y 0 9 1 9 0 8	Amount 1,000.00
City Columbus	State Zip Code O H 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Sara Conville		Registration Number, if PAC	
Street Address PO Box 248	Employer/Occupation/Labor Organization* Graphic Ts	M D Y 1 0 0 2 0 8	Amount 50.00
City Groveport	State Zip Code O H 43125	Form(Cash,Check,etc) Cash	
Full Name of Contributor Michael Scoliere		Registration Number, if PAC	
Street Address 4603 Gwenedd Ct	Employer/Occupation/Labor Organization* Attorney/LGB&S	M D Y 0 9 2 5 0 8	Amount 1,000.00
City Dublin	State Zip Code O H 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Marlene E. Lynn		Registration Number, if PAC	
Street Address 203 Windsor Ct. Apt H	Employer/Occupation/Labor Organization* Retired	M D Y 1 0 0 3 0 8	Amount 45.00
City Marysville	State Zip Code O H 43040	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Reibel		Registration Number, if PAC	
Street Address 39 Orchard Dr.	Employer/Occupation/Labor Organization* Attorney	M D Y 1 0 0 4 0 8	Amount 50.00
City Worthington	State Zip Code O H 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor The Gittes Law Group		Registration Number, if PAC	
Street Address 723 Oak St.	Employer/Occupation/Labor Organization* LPA	M D Y 1 0 0 1 0 8	Amount 50.00
City Columbus	State Zip Code O H 43205	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
7,915.00

Total expenditures this event
1,901.25

Page Total \$ 2,545.00

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 Ashley Stephens			Registration Number, if PAC	
Street Address 857 South 5th St	Employer/Occupation/Labor Organization* Pfizer Sales Rep		M D Y 1 0 1 0 0 8	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor David Lancione, LLC			Registration Number, if PAC	
Street Address 1041 Summit St	Employer/Occupation/Labor Organization* LLC		M D Y 0 9 2 4 0 8	Amount 100.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Total Contributions from Employees (Form 31-G Pages 1-6)			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount 2,945.00
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

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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
7,915.00

Total expenditures this event
1,901.25

Page Total \$ 3,070.00


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 4584 Pebble Beach Rd				M	D	Y	Amount
				1	0	0	2008
City Grove City				State O H		Zip Code 43123	
				Form (Cash, Check, etc) Check			
Full Name of Contributor Anna R. Taylor							
Street Address 2344 Minerva Park Pl				M	D	Y	Amount
				1	0	0	2008
City Columbus				State O H		Zip Code 43229	
				Form (Cash, Check, etc) Check			
Full Name of Contributor Matthew Davenport							
Street Address 2165 Jade St				M	D	Y	Amount
				1	0	0	108
City Grove City				State O H		Zip Code 43123	
				Form (Cash, Check, etc) Check			
Full Name of Contributor Abbie Armitage							
Street Address 2732 Eastleft Dr.				M	D	Y	Amount
				1	0	0	2008
City Columbus				State O H		Zip Code 43221	
				Form (Cash, Check, etc) Check			
Full Name of Contributor Tommy McFerin							
Street Address 7036 Polpis Rd				M	D	Y	Amount
				1	0	0	108
City Reynoldsburg				State O H		Zip Code 43068	
				Form (Cash, Check, etc) Check			
Full Name of Contributor Renee Walker							
Street Address 349 Hubbard Ave.				M	D	Y	Amount
				1	0	0	2008
City Columbus				State O H		Zip Code 43215	
				Form (Cash, Check, etc) Check			

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."


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 Rhonda Ferguson							
Street Address 2336 Willowside Lane				M	D	Y	Amount
				1	0	0	20.00
City Grove City		State O H	Zip Code 43123	Form (Cash, Check, etc) Check			
Full Name of Contributor Carly Albert							
Street Address 1569 Mc Spaden Ct				M	D	Y	Amount
				1	0	0	50.00
City Columbus		State O H	Zip Code 43228	Form (Cash, Check, etc) Check			
Full Name of Contributor Nathan Sei Akamine							
Street Address 844 South Front St.				M	D	Y	Amount
				1	0	0	150.00
City Columbus		State O H	Zip Code 43206	Form (Cash, Check, etc) Check			
Full Name of Contributor Robert Nolan							
Street Address 3884 Norbrook Dr				M	D	Y	Amount
				1	0	0	50.00
City Columbus		State O H	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Ahmed Kasheer							
Street Address 5148 Pebble Ln				M	D	Y	Amount
				1	0	0	100.00
City Columbus		State O H	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Debra Jones							
Street Address 3010 Gasmere Ave				M	D	Y	Amount
				0	9	2	50.00
City Columbus		State O H	Zip Code 43224	Form (Cash, Check, etc) Check			

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Page Total \$ 420.00

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 Kenneth Peltier						
Street Address 4065 Saturn Rd			M	D	Y	Amount
			0	9	2	50.00
City Hilliard			State O H		Zip Code 43026	Form (Cash, Check, etc) Check
Full Name of Contributor Cynthia B. Brim						
Street Address 2405 McCutcheon Rd			M	D	Y	Amount
			0	9	2	50.00
City Columbus			State O H		Zip Code 43219	Form (Cash, Check, etc) Check
Full Name of Contributor Jonathan Kopech						
Street Address 1520 W. 6th Ave, Apt 4			M	D	Y	Amount
			1	0	2	50.00
City Columbus			State O H		Zip Code 43212	Form (Cash, Check, etc) Check
Full Name of Contributor Jack Guyselman						
Street Address 6441 Berry Pond Way			M	D	Y	Amount
			0	8	2	100.00
City Canal Winchester			State O H		Zip Code 43110	Form (Cash, Check, etc) Check
Full Name of Contributor Edwin Saeger						
Street Address 11425 Taylor Rd			M	D	Y	Amount
			0	9	2	100.00
City Plain City			State O H		Zip Code 43064	Form (Cash, Check, etc) Check
Full Name of Contributor Sancha Young						
Street Address 1186 Lawrence Dr			M	D	Y	Amount
			1	0	2	50.00
City Columbus			State O H		Zip Code 43207	Form (Cash, Check, etc) Check

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