

FILED

Ohio Campaign Finance Report

09 JUL 31 PM 3:50

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Lori M. Tyack							Registration Number, if PAC				
Full Name of Candidate Lori M. Tyack											
Street Address 4080 Chelsea Bridge Lane					Office Sought Municipal Court Clerk			District			
City Gahanna							State O	H	Zip Code 43230		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual 2009		
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	D 1	Y 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	\$ 13,171.52
2. Total monetary contributions (From Form No. 31-A)	\$ 11,250.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 24,421.52
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,880.35
6. Balance on hand (line 4 minus line 5)	\$ 19,541.17
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
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

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

7/31/09

Contribution pages 8

Expenditure pages 4

Other pages 25

Total pages 37

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 Boich Law Office, LLC					Registration Number, if PAC		
Street Address 750 Corss Pointe Rd, Ste 5		Employer/Occupation/Labor Organization* LLC			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 3 0	Y 0 9	Amount 500.00	
Full Name of Contributor Woody Fox Bail Bonds					Registration Number, if PAC		
Street Address 211 S. High Street		Employer/Occupation/Labor Organization* LLC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 5	Y 0 8	Amount 100.00	
Full Name of Contributor Robert Suhr Attorney At Law					Registration Number, if PAC		
Street Address 755 South High St		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43206	M 0 6	D 1 9	Y 0 9	Amount 550.00	
Full Name of Contributor Vicky Suhr					Registration Number, if PAC		
Street Address 59 Lakeview Dr, SE		Employer/Occupation/Labor Organization* Best Effort			Form (Cash, Check, etc.) Check		
City Thornville	State O H	Zip Code 43076	M 0 6	D 1 9	Y 0 9	Amount 250.00	
Full Name of Contributor Michael N. Oser, Attorney at Law					Registration Number, if PAC		
Street Address 35 East Livingston		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 8	Y 0 9	Amount 50.00	
Full Name of Contributor Kathleen Cooper					Registration Number, if PAC		
Street Address 514 Stevenson Ave		Employer/Occupation/Labor Organization* Housewife			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 2	D 0 1	Y 0 8	Amount 50.00	
Full Name of Contributor Denise M. Mirman					Registration Number, if PAC		
Street Address 1446 Briarmeadow Dr		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 1	D 0 6	Y 0 8	Amount 50.00	
Full Name of Contributor Matthew Tyack					Registration Number, if PAC		
Street Address 5381 Miller Church Road		Employer/Occupation/Labor Organization* Industrial Commission			Form (Cash, Check, etc.) Check		
City Johnstown	State O H	Zip Code 43031	M 0 9	D 2 6	Y 0 8	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

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack							
Full Name of Contributor Sharon Autin					Registration Number, if PAC		
Street Address 2130 Iuka Ave		Employer/Occupation/Labor Organization* Best Effort			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 1 0	D 0 9	Y 0 8	Amount 25.00	
Full Name of Contributor Shirley Kramer					Registration Number, if PAC		
Street Address 3167 Rock Fence Drive		Employer/Occupation/Labor Organization* Housewife			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 5	Y 0 8	Amount 50.00	
Full Name of Contributor Abe Bahgat, Attorney At Law					Registration Number, if PAC		
Street Address 338 South High St		Employer/Occupation/Labor Organization* Law Office			Form (Cash, Check, etc.) Check		
City Columbus	State o h	Zip Code 43215	M 1 0	D 1 0	Y 0 8	Amount 50.00	
Full Name of Contributor Rosemary Pomeroy					Registration Number, if PAC		
Street Address 273 Heischman Lane		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 0 7	Y 0 8	Amount 50.00	
Full Name of Contributor Robert J. Behal Law Offices, LLC					Registration Number, if PAC		
Street Address 501 S High St		Employer/Occupation/Labor Organization* LLC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 9	Y 0 8	Amount 150.00	
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 Total 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 4,525.00	

* 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							
Citizens for Lori M. Tyack							
Full Name of Contributor						Registration Number, if PAC	
Lance Thompson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
108 W. Royal Forest Blvd.		Attorney, Dana Pariser Co		0	5	1009	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43214		Check	
Full Name of Contributor						Registration Number, if PAC	
Gregory Schultz							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
672 1/2 North High St		Organizing for America		0	5	0909	150.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43201		Check	
Full Name of Contributor						Registration Number, if PAC	
Gregory Finnerty							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
21 West Broad Street, Ste 500		Attorney		0	4	2309	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Check	
Full Name of Contributor						Registration Number, if PAC	
Mike Rankin							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2432 Wyncourtney Ct.		State Registrar, BMV		0	5	0909	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Powell		OH		43065		Money Order	
Full Name of Contributor						Registration Number, if PAC	
Edward Leonard							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO Box 1104		Franklin County Treasurer		0	5	0909	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43216		Check	
Full Name of Contributor						Registration Number, if PAC	
Donald Rowan							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4174 Wright Park		Retired		0	5	0909	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus,		OH		43214		Check	
Full Name of Contributor						Registration Number, if PAC	
Vorys, Sater, Seymour & Pease - John J. Kulewicz						OH109	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
52 East Gay St		Vorys, Sater		0	5	0709	250.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		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
4,525.00

Total expenditures this event
694.60

Page Total \$ 850.00

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 M. Tyack								
Full Name of Contributor Huntington Bancshares Inc.-PAC			Registration Number, if PAC c00165589					
Street Address 41 South High St		Employer/Occupation/Labor Organization* PAC		M	D	Y	Amount	
				0	3	2	6	
				0	9		250.00	
City Columbus		State O	H	Zip Code 43215		Form(Cash,Check,etc) Check		
Full Name of Contributor John Handier - SMD/HLS Bonding Co. LLC								
Street Address 571 South High St			Employer/Occupation/Labor Organization* Bonding Co.		M	D	Y	Amount
					0	4	2	2
					0	9	200.00	
City Columbus		State O	H	Zip Code 43215		Form(Cash,Check,etc) Check		
Full Name of Contributor Paula Brooks								
Street Address 4585 Benderton Ct			Employer/Occupation/Labor Organization* Attorney / Franklin Co. Con		M	D	Y	Amount
					0	5	0	9
					0	9	200.00	
City Columbus		State O	H	Zip Code 43220		Form(Cash,Check,etc) Check		
Full Name of Contributor Plumbers & Pipefitters L.U. 189 - PCE								
Street Address 1250 Kinear Rd			Employer/Occupation/Labor Organization* Labor Union		M	D	Y	Amount
					0	5	0	9
					0	9	100.00	
City Columbus		State O	H	Zip Code 43212		Form(Cash,Check,etc) Check		
Full Name of Contributor Jeffrey Thompson								
Street Address 601 S. High St			Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
					0	5	0	9
					0	9	150.00	
City Columbus		State O	H	Zip Code 43215		Form(Cash,Check,etc) Check		
Full Name of Contributor IBEW/COPE								
Street Address 900 Seventh St, NW			Employer/Occupation/Labor Organization* Labor Union		M	D	Y	Amount
					0	5	1	2
					0	9	500.00	
City Washington		State O	H	Zip Code 20001		Form(Cash,Check,etc) Check		
Full Name of Contributor Portman, Foley & Flint LLP								
Street Address 471 East Broad St			Employer/Occupation/Labor Organization* LLP		M	D	Y	Amount
					0	5	1	4
					0	9	100.00	
City Columbus		State O	H	Zip Code 43215		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
4,525.00

Total expenditures this event
694.60

Page Total \$ 1,500.00

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 M. Tyack				
Full Name of Contributor David Pariser			Registration Number, if PAC	
Street Address Best Effort	Employer/Occupation/Labor Organization* Collections Company	M D Y 0 5 0 9 0 9	Amount 100.00	
City Columbus	State Zip Code O H Best Effort	Form(Cash,Check,etc) Cash		
Full Name of Contributor Jim Repdall			Registration Number, if PAC	
Street Address Best Effort	Employer/Occupation/Labor Organization* Senior Sales Engineer	M D Y 0 5 0 9 0 9	Amount 80.00	
City Columbus	State Zip Code O H Best Effort	Form(Cash,Check,etc) Cash		
Full Name of Contributor Total Employee Contributions from Form No. 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount 1,995.00	
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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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
4,525.00

Total expenditures this event
694.60

Page Total \$ 2,175.00

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 Crystal Ross							
Street Address 5390 Westfall Road							
City Lancaster		State <input type="radio"/> M <input checked="" type="radio"/> D <input type="radio"/> Y	Zip Code 43130	Form (Cash, Check, etc) Check			
Full Name of Contributor Ahmed Kasheer							
Street Address 5148 Preble Lane							
City Columbus		State <input type="radio"/> M <input checked="" type="radio"/> D <input type="radio"/> Y	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Michael Cherry							
Street Address 7457 Ida Way							
City Canal Winchester		State <input type="radio"/> M <input checked="" type="radio"/> D <input type="radio"/> Y	Zip Code 43110	Form (Cash, Check, etc) Check			
Full Name of Contributor Robert Nolan							
Street Address 3884 Norbrook Dr							
City Columbus		State <input type="radio"/> M <input checked="" type="radio"/> D <input type="radio"/> Y	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Timothy Brewer							
Street Address 3677 Indianola Ave, Apt C6							
City Columbus		State <input type="radio"/> M <input checked="" type="radio"/> D <input type="radio"/> Y	Zip Code 43214	Form (Cash, Check, etc) Check			
Full Name of Contributor Won Kim							
Street Address 7757 Kelly Drive							
City Dublin		State <input type="radio"/> M <input checked="" type="radio"/> D <input type="radio"/> Y	Zip Code 43016	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 Municipal Clerk of Court. 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 Judy Vance						
Street Address 14819 Crownover Mill Rd			M	D	Y	Amount
			0	5	0	100.00
City New Holland		State O H	Zip Code 43145		Form (Cash, Check, etc) Check	
Full Name of Contributor Cynthia Brim						
Street Address 2405 McCutcheon Rd			M	D	Y	Amount
			0	4	2	50.00
City Columbus		State O H	Zip Code 43219		Form (Cash, Check, etc) Check	
Full Name of Contributor Michelle Langall						
Street Address Best Effort			M	D	Y	Amount
			0	5	0	100.00
City Best Effort		State O H	Zip Code Best Effort		Form (Cash, Check, etc) Cash	
Full Name of Contributor Bill Beelman						
Street Address 221 Westwood Raod			M	D	Y	Amount
			0	5	1	25.00
City Columbus		State O H	Zip Code 43214		Form (Cash, Check, etc) Money Order	
Full Name of Contributor James Laver						
Street Address 1028 Hardesty Place West			M	D	Y	Amount
			0	5	1	100.00
City Columbus		State O H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Roy Ball						
Street Address 742 Mohawk			M	D	Y	Amount
			0	5	0	100.00
City Columbus		State O H	Zip Code 43206		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 Municipal Clerk of Court. 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						
Matt Pandy						
Street Address			M	D	Y	Amount
123 Bellefield Ave			0 5	0 1	0 9	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Westerville	<input type="radio"/> O <input type="radio"/> H	43081	Check			
Full Name of Contributor						
Tommy McFerlin						
Street Address			M	D	Y	Amount
7036 Polpis Rd			0 4	3 0	0 9	500.00
City	State	Zip Code	Form (Cash, Check, etc)			
Reynoldsburg	<input type="radio"/> O <input type="radio"/> H	43068	Check			
Full Name of Contributor						
Jack Guyselman						
Street Address			M	D	Y	Amount
6441 Berry Pond Way			0 5	1 9	0 9	50.00
City	State	Zip Code	Form (Cash, Check, etc)			
Canal Winchester	<input type="radio"/> O <input type="radio"/> H	43110	Check			
Full Name of Contributor						
Ranjan Manoranjan						
Street Address			M	D	Y	Amount
344 Cramer Creek Ct.			0 5	0 9	0 9	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Dublin	<input type="radio"/> O <input type="radio"/> H	43017	Check			
Full Name of Contributor						
Sujatha Nair						
Street Address			M	D	Y	Amount
298 Beckley Ln			0 5	0 9	0 9	100.00
City	State	Zip Code	Form (Cash, Check, etc)			
Dublin	<input type="radio"/> O <input type="radio"/> H	43017	Check			
Full Name of Contributor						
Timothy Brewer						
Street Address			M	D	Y	Amount
3677 Indianola Ave			1 0	0 9	0 8	10.00
City	State	Zip Code	Form (Cash, Check, etc)			
Columbua	<input type="radio"/> O <input type="radio"/> H	43214	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 Municipal Clerk of Court. 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 \$ 860.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack						
To Whom Paid The Ohio Democratic Party			M	D	Y	Amount
			0	1	3	0
			0	9		150.00
Address 340 E Fulton		Purpose Reception				
City Columbus	State O	H	Zip Code 43215	Check Number 0273		
To Whom Paid Central Ohio Labor Council			M	D	Y	Amount
			0	1	3	0
			0	9		125.00
Address 1545 Alum Creek Drive, 2nd Fl		Purpose Advertisement				
City Columbus	State O	H	Zip Code 43209	Check Number 0274		
To Whom Paid Ohio AFL-CIO			M	D	Y	Amount
			0	1	3	0
			0	9		65.00
Address 395 East Broad St		Purpose Dinner attendance				
City Columbus	State O	H	Zip Code 43215	Check Number 0275		
To Whom Paid Franklin County Democratic Party			M	D	Y	Amount
			0	3	1	2
			0	9		1,500.00
Address 371 Eat State Street		Purpose Dues				
City Columbus	State O	H	Zip Code 43215	Check Number 1250688384		
To Whom Paid Marlene Wirth			M	D	Y	Amount
			0	3	1	2
			0	9		5.00
Address 1029 Northfield Place N.		Purpose Franklin County Democratic Women's Club				
City Reynoldsburg	State O	H	Zip Code 43068	Check Number 1250688383		
To Whom Paid Franklin County Democratic Party			M	D	Y	Amount
			0	3	1	2
			0	9		750.00
Address 371 Eat State Street		Purpose Salute to Achievement Dinner - Table				
City Columbus	State O	H	Zip Code 43215	Check Number 1250688382		
To Whom Paid Fraternal Order of Police - Capital City Lodge #9			M	D	Y	Amount
			0	4	0	6
			0	9		100.00
Address 6800 Schrock Hill Ct		Purpose Reverse Raffle Entry Ticket				
City Columbus	State O	H	Zip Code 43229	Check Number 1250607707		
To Whom Paid Classics Pizza and Sports Bar			M	D	Y	Amount
			0	6	2	5
			0	9		300.00
Address 543 South High		Purpose Food and Beverage for Staff Presentation Event				
City Columbus	State O	H	Zip Code 43215	Check Number Credit Card		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack												
To Whom Paid Cheryl Boyd Studio						M	D	Y	Amount			
						0	6	2	6	0	9	208.16
Address 7840 Olentangy River Road				Purpose Photos for Campaign Website								
City Columbus		State O	H	Zip Code 43235		Check Number 367						
To Whom Paid A Troy Miller For Columbus						M	D	Y	Amount			
						0	6	2	5	0	9	50.00
Address				Purpose Campaign Contribution								
City		State	H	Zip Code		Check Number 366						
To Whom Paid Left Intentionally Blank						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid Left Intentionally Blank						M	D	Y	Amount			
Address				Purpose								
City		State	H	Zip Code		Check Number						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	6	1	5	0	9	20.00
Address PO Box 1558				Purpose Service Fees								
City Columbus		State O	H	Zip Code 43216		Check Number N/A						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	5	1	5	0	9	47.95
Address PO Box 1558				Purpose Service Fees								
City Columbus		State O	H	Zip Code 43216		Check Number N/A						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	4	1	5	0	9	20.00
Address PO Box 1558				Purpose Service Fees								
City Columbus		State O	H	Zip Code 43216		Check Number N/A						
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount			
						0	1	2	8	0	9	40.00
Address				Purpose Ethics Filing								
City		State	H	Zip Code		Check Number 272						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack												
To Whom Paid Family Missionary Baptist Church						M	D	Y	Amount			
						0	1	1	5	0	9	50.00
Address 996 Oakwood Ave			Purpose Anniversary Committee Advertisement									
City Columbus			State O	H	Zip Code 43206	Check Number 271						
To Whom Paid Kilroy for Congress						M	D	Y	Amount			
						0	6	0	3	0	9	500.00
Address 271 East State Street			Purpose Campaign Contribution									
City Columbus			State O	H	Zip Code 43215	Check Number 278S						
To Whom Paid Friends for Marilyn Brown						M	D	Y	Amount			
						0	6	3	0	0	9	100.00
Address			Purpose									
City			State	H	Zip Code	Check Number 365S						
To Whom Paid Marilynn Stephens						M	D	Y	Amount			
						0	5	1	2	0	9	96.99
Address 857 South Fifth			Purpose Reimbursement for Trapshoot Fundraiser									
City Columbus			State O	H	Zip Code 43206	Check Number 275S						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	5	1	8	0	9	150.00
Address 271 East State Street			Purpose Golf Outing									
City Columbus			State O	H	Zip Code 43215	Check Number 276S						
To Whom Paid Central Ohio Labor Council - AFL-CIO						M	D	Y	Amount			
						0	5	1	8	0	9	470.00
Address 1545 Alum Creek Drive, 2nd Fl			Purpose Golf Outing									
City Columbus			State O	H	Zip Code 43209	Check Number 277S						
To Whom Paid HRC Box Office						M	D	Y	Amount			
						0	6	1	1	0	9	182.25
Address Conf # 6129055			Purpose Human Rights Campaign Dinner Ticket									
City Washington			State D	C	Zip Code	Check Number Check Card						
To Whom Paid Expenditures from Form No. 31-F						M	D	Y	Amount			
											694.60	
Address			Purpose									
City			State	H	Zip Code	Check Number						

