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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee													
Citizens for Lori Tyack													
From Whom Received								Prior Ar			Amt. Incurred this Peri		
Lori Tyack								12,727.00				0.00	
Address											Outstanding		
947 Clubview Blvd. North								l				12,727.00	
City	State	Zip Co	de	Loans Received This Period			Payments This Period						
Columbus		43235		Date Amount			Date Amount				mount		
Date Loan was originally	М		TTT		T D	Y	\$	М	D	Y	\$		
Incurred	i i	1						1 2	1 9	0 5		4727	
Registration Number, if PAC				T M	D	Ÿ		М	D	Y			
Registration Number, it FAC			1 "	1 1	Ì		1 2	2 8	0 5		2000		
Employer/Occupation/Labor Organize	ation*			Т м	D	Ý		М	D	Y			
Littployer/ Occupation/ Labor Organiza	acion				ΙĪ		1	0 1	0 4	0 6		1000	
From Whom Received	e unique préss	da Karanga d Karanga da Karanga da K				les canon de la secono		Prior Amount Amt. Incurred this Pe			ed this Period		
Lori Tyack													
Address	Outstanding Palance						Balance						
947 Clubview Blvd. North								į .					
City	State	Zip Co	de	Loans Received This Period			Payments This Period						
Columbus	O H				Date Amount			Date Amount					
Date Loan was originally	M	D	TY	М	D	ΙΥ	\$	М	D	Y	\$		
Incurred	"	Ιĭ	l i	1 "	ΙĬ	li	[*	0 4	1 3	0 6		5000	
	Ll			M	D	Y	 	М	D	Y			
Registration Number, if PAC			1 "	lĭ	Ιi					<u> </u>			
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y				
From Whom Received Prior Amount Amt. Incurred th						ed this Period							
Address Outstanding Balance													
City State Zip Code Loans Received This Period Payments This Period													
City	State	Zip Co	ue	1 20	Date	,ivcu ii	Amount	1	Dat	-		mount	
, , , , , , , , , , , , , , , , , , ,			ΤŸ	M	Date	TV	T\$	М	T D	Ϊv	I \$		
Date Loan was originally	M	P	1 1	101		'	1*	l "i	Ιĭ	li	ľ		
Incurred Progression Number if PAC M D Y M D Y													
Registration Number, if PAC] M				"	Ιĭ				
Employer/Occupation/Labor Organization*				М	 	Y		М	D	Y			
Employer/ Occupation/ Easts of games and													

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

1	Total prior amount	12,727.00
2	Total received this period \$	12,727.00 (To Form No. 31-A-2)
3	Total Payments this Period 4	12,727.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the indi if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organiza the employees are members, if any, must appear. R.C. 3517.10(B)(4)