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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			and the design of the latest o			***************************************			
Name of Committee in Full		484400000000000000000000000000000000000	······································						
Citizens for Lori M. Tyack				***************************************					
	Name of Contributor			Registration Number, if PAC					
Boich Law Office, LLC	<u> </u>			garana and a same and a same a					
Street Address	Employer/Occu				Form (Cash, Check, etc.)				
750 Corss Pointe Rd, Ste 5	LLC				Check				
City	State	Zip Code	M	D	Y	Amount			
Gahanna	<u> </u>	43230		3 0			500.00		
Full Name of Contributor			Registra	ation Num	ber, if PA	.C			
Woody Fox Bail Bonds			100						
Street Address	Employer/Occu				Form (Cash, Check, etc.)				
211 S. High Street	LLC				Check				
City	State	Zip Code	М	D	Y	Amount			
Columbus	O H	43215	1 0	1 5	0 8		100.00		
Full Name of Contributor	Registration Number,					The state of the s			
Robert Suhr Attorney At Law									
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck, etc.)		
755 South High St	Attorne				check				
City	State	Zip Code	M	D	Y	Amount			
Columbus	$O \mid H$	į	016	1 9	0 9		550.00		
Full Name of Contributor				ation Num	Marie Control Control Control	Constitution and the second second second second second second			
Vicky Suhr									
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)		
59 Lakeview Dr, SE	Best Eff				Check				
City	State	M	D	Y	Amount	, , , , , , , , , , , , , , , , , , ,			
Thornville	OH	Zip Code 43076	1	1 9	i	ž.	250.00		
Full Name of Contributor		1 3070	THE RESERVE OF THE PERSON NAMED OF THE PERSON	ation Num	MANAGEMENT CALABLE	PERSONAL SECURITARIA SEGUNDAN PERSONAL DINAS PROPERTIES	200.00		
Michael N. Oser, Attorney at Law			rtogisti.	ation I van					
Street Address	Employer/Occu	pation/Labor Organization*		STATE OF THE PARTY	NOTE OF THE OWNER, OF THE OWNER, OF THE OWNER,	Form (Cash, Che	eck etc.)		
	Attorne					Check			
35 East Livingston	State	Zip Code	M	D	Y	Amount			
Columbus	OH		1	1	1	1	50.00		
Full Name of Contributor		43213		0 8			30.00		
Kathleen Cooper Street Address	Templeson/Occus	pation/Labor Organization*		Sacricul Contagnication		Form (Cash, Che	nole ata)		
	l l				Check				
514 Stevenson Ave	Housev State	M D Y			Amount				
-	1	Zip Code 43085	1				50.00		
Worthington		1 43000		$0 \mid 1$			30.00		
Full Name of Contributor			Registr	ation Num	iber, ii PA	ic .			
Denise M. Mirman	15 1 6	pation/Labor Organization*				E (C)			
Street Address	1 '. '				Form (Cash, Check, etc.)				
1446 Briarmeadow Dr	Attorne			· -		Check			
City	State	Zip Code	М	D	Y	Amount	=0.00		
Columbus	OH	43235	1 1	NAME OF TAXABLE PARTY O			50.00		
Full Name of Contributor			Registr	ation Num	iber, if PA	vC.			
Matthew Tyack									
Street Address	Employer/Occu				Form (Cash, Check, etc.)				
5381 Miller Church Road	Industr				Check				
City	State	Zip Code	M	D	Y	Amount			
Johnstown	OH	43031	0 9	2 6	0 8				

Page Total \$ 1,550.00

^{*} 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)]