3 Total Payments this Period \$

4 Total Outstanding Balance \$

D	
Page	
	_

Statement of Loans Received

					F	rescribed	l by Se	cretar	y of Sta	ate3/05							
Full Name of Committee																	
Citizens for Lori Tya	ıck																
From Whom Received											Prior Ar	Prior Amount			Amt. Incurred this Period		
Lori Tyack												21,7.	<u> 27.00</u>		0.0		
Address 947 Clubview Blvd.	North													Outst	tanding Balance 18,727.0		
City	State Zip Code Loans Received This Period										Payments This Period						
Columbus	OI	1 43	235		Date Amount							Date	e		Amount		
Date Loan was originally	M	D	$\top \Gamma$	Y	М	D	Y	<i>'</i>	\$		М	D	Y	\$			
Incurred							<u> </u>								-30		
Registration Number, if PAC				-	М	D	Y				М	D	Y	1			
Employer/Occupation/Labor Organization	n*				М	D	Y	,			М	D	Y	1	***************************************		
From Whom Received									······································	Prior Ar	mount		Amt.	Incurred this Period			
Address					 -						_			Outs	tanding Balance		
City	State	Zip	Code		Loans Received This Period Date Amount							Dat		yments	ments This Period Amount		
Date Loan was originally	М	D		Y	M	D	Y	′	\$		М	D	Y	\$			
Incurred		- 1															
Registration Number, if PAC					M	D	Y				M	D	Y				
Employer/Occupation/Labor Organization	n*				М	D	Y	-			М	D	Y				
From Whom Received								Prior A	mount	<u> </u>	Amt.	. Incurred this Period					
Address														Outs	tanding Balance		
a.	T 64-44	7:-	Cada												Ti n ' i		
City	State	Zip	Code		Loans Received This Period Date Amount						ſ	Dat		yments	ments This Period Amount		
Date Loan was originally	М	D		Y	M	Date	Y	7	\$	Amount	М	D	Y	\$, 1110411		
Incurred					1	1	+				М	D	Y	-			
Registration Number, if PAC					М	D	'				IVI						
Employer/Occupation/Labor Organization	ο π *				М	D	7				М	D	Y				
					.]								<u> </u>				
* Required for contributions over \$100 tif any, rather than employer should be li															ess,		
the employees are members, if any, mus																	
If a loan is forgiven, write "Forgiven" in																	
Transfer total of all payments made in the	is period to	o the St	atemer	t of Ex	penditure	s (Form 1	No. 31-	·B). Ti	ransfer	Total Outstanding I	salance to t	he cover p	age (For	m No. 3	·U-A).		
1 Total prior amount \$	-	2	1,72	7.00	-												
2 Total received this period \$					0.00	(To Fo	orm No	o. 31-7	A-2)								

(3,000,00) (also record on Form 31-B)

18,727.00 (To Form No. 30-A)