Page	

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee	•																		
Citizens for Lori Ty	ack_																		
From Whom Received												Pric	r An	ount		_	Amt. Incurred this Period		
Lori Tyack														18,7	27.0	0	0.00		
Address 947 Clubview Blvd.	North						•									į	Outstanding Balance 18,727.00		
		72:-	C-4.	_							·	+			Day	vine	ents This Period		
^{City} Columbus	State Zip Code Loans Received O H 43235 Date							eived This Period Amount						Da		,	Amount		
Date Loan was originally	М	1 3	<u> </u>			1	D	Y	\neg	s		М	[D	Y		\$		
Incurred	141			.			Ĩ					1	1	1 0	0	5	5,000		
Registration Number, if PAC			1		М	╅	D	Y				М	[D	Y				
Acgisalation (valued), 11770								\mathbf{I}				1	2	0 7	0	5	1,000		
Employer/Occupation/Labor Organization*				М	Ť	D	Y				М		D	Y					
				_								Pric	r An	ount			Amt. Incurred this Period		
From Whom Received																			
Address											.					i	Outstanding Balance		
City	State	Zip	Code		Loans Received This Period Date Amount							Payments This Period Date Amount							
Date Loan was originally	М	r	, 1	Y	М	Т	D	Y	_	\$		М	[D	Y		\$		
Incurred					1														
Registration Number, if PAC		•			М		D	Y				М	[D 	Y		- 1-		
Employer/Occupation/Labor Organization*				М	†	D	Y				М	[D	Y					
From Whom Received							ı				· · · · · ·	Pric	r An	ount			Amt. Incurred this Period		
Address											:	1					Outstanding Balance		
Tail.	State		Code			-	D .		D			Payments This Period							
City	State	լոր	Coue		1.0	ans	ns Received This Date			s remou	Amount	1	Date			<i>y</i>	Amount		
Date Loan was originally	M	D		Y	M	Т	D	Y		\$		M		D	T Y		<u> </u> \$		
Incurred		1			1														
Registration Number, if PAC					М	Ī	D	Y				М		D	Y				
Employer/Occupation/Labor Organization*				М	+	D	Y				M		Ď	Y					
							<u> </u>					<u> </u>							
* Required for contributions over \$100 to if any, rather than employer should be lithe employees are members, if any, must lf a loan is forgiven, write "Forgiven" in Transfer total of all payments made in the	sted. If two t appear. R the "Outsta	ormor .C. 351	e emp 17.10(Balar	loyees B)(4) ice" spa	donate via	a pay	yroll de	duction	n an	d exce	ed the aggregate of \$ this period to the St	100, t	he lal	oor organ	ization come (F	of v	n No. 31-A-2).		
1 Total prior amount \$		18	3,72	<u>7.00</u>	_														
2 Total received this period \$	0,00 (To Form							n No. 3	31- <i>A</i>	A-2)									
3 Total Payments this Period \$	6,000.00					_ (2	(also record on Form 31-B)												
4 Total Outstanding Balance \$	12,727.00					_ ((То Fотт No. 30-А)												