

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 H	Zip Code 43230	M 0	D 4	Y 3	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 H	Zip Code 43215	M 1	D 0	Y 1	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 H	Zip Code 43206	M 0	D 6	Y 1	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 H	Zip Code 43076	M 0	D 6	Y 1	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 H	Zip Code 43215	M 0	D 6	Y 0	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 H	Zip Code 43085	M 1	D 2	Y 0	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 H	Zip Code 43235	M 1	D 1	Y 0	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 H	Zip Code 43031	M 0	D 9	Y 2	Amount 25.00

* 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)]

Page Total \$ 1,575.00