31-E R.C. 3517.10(B)

Event Date	10/03/2007
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full								
Citizens for Lori Tyack								
Full Name of Contributor				Registration Number, if PAC				
Michael Sexton			М				· .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	F0.00	
9 Buttles Avenue, Apt 414			1 0	0 3	0 7		50.00	
City	State	Zip Code	Form(Ca					
Columbus	O   H	43215	Check Registration Number, if PAC					
Full Name of Contributor			Registra	tion Num	iber, if PA	ıC.		
Wanda Curry-Shepard				r	1 ::-			
Street Address	l - '	Employer/Occupation/Labor Organization*		D	Y	Amount	44.00	
8366 Lucerne Drive		self		0 3			44.00	
City	State	Zip Code	Form(Ca	sh,Chec	-			
Reynoldsburg	ОН	43068		cash				
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .		
In 1 1/2 and the first of the Commission *				D	Y	Amount		
Street Address	EmployenOccup	Employer/Occupation/Labor Organization*		Ĩ				
0:-	State	Zip Code	Form(C:	ash,Chec	k_etc)			
City	State	Zip Code	1 01(01	2011, 02100	1.,010)			
Full Name of Contributor		<u> </u>	Registra	tion Nun	nber, if PA	AC		
	- In 1 /0	7.1.0*	M	D	Y	Amount	<del></del>	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		٦		Amount		
	State	Zip Code	Form(C	ash,Chec	k etc)	<u> </u>		
City	State	Zip Code	Tomice	asii, Olioc	in, olo j			
Full Name of Contributor	<del></del>	<del>.</del>	Registra	tion Nur	nber, if P	AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
		lat a t	F(C	Salt Char	lt ata)			
City	State	Zip Code	Form(C	ash,Che	k,ew)			
Full Name of Contributor	11		Registra	ation Nu	nber, if P	AC		
A din A china de documento								
Street Address	Employer/Occu	M	D	Y	Amount			
	<u></u>					<u> </u>		
City	State	Zip Code	Form(C	ash,Che	ck,etc)			
Full Name of Contributor			Registr	ation Nu	mber, if P	AC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State	Zip Code	Form(C	Cash,Che	ck,etc)			
			i					

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	Page Total \$ 94,00

<sup>\*</sup> 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)]