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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			***************************************	***************************************	***************************************				
Citizens for Lori Tyack									
Full Name of Contributor	Employer Occur	Employer, Occupation, Labor Organization *			ber, if PA	\ C			
Marilynn L. Stephens		Franklin Co. Muni Clerk			,				
Street Address	Description of Ite		M	D	Y	Fair Market Value			
857 South 5th Street	1 .	Envelopes (Office Supplies)		1	.1	1	33.08		
City	State				1 0 0 2 0 8 33.08 Received at Fundraising Event?				
Columbus	$O \mid H$	43206	L	YES		✓NO			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC						
Marilynn L. Stephens		n Co. Muni Clerk							
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value			
857 South 5th Street	Food	Food for fundraiser		0 2			46.00		
City	State	Zip Code	Receive	d at Fundi		vent?			
Columbus	0 H	43206		YES	2007/40/40/40	Пио	Designation of the last of the		
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Gary Tyack		Attorney							
Street Address	Description of Ite		M	D	Y	Fair Market Value	00 ===		
947 Clubview Blvd N		dy for Parade	0 7				83.78		
City	State	Zip Code	Receive	d at Fundi YES	raising E				
Columbus		And the second s				✓NO	#2000000000000000000000000000000000000		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Kegistra	ition Num	iber, if Pa	AC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	Cz.i.	Zin Codo	Page:	d at Fund	raisin - T	L vent?			
City	State	Zip Code	Cceive	d at Fundi YES	raisiilg E	NO NO			
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ition Num	ber, if Pa	AC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising E	· f			
					Ŭ YES Ŭ NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
						<u>L</u>			
City	State	Zip Code	Keceive	d at Fund YES	raising E	Event?			
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ntion Num	iber, if Pa	AC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising D	L Event?			
City	5	·		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	raising F	Livent?			
City	Siate	p = 5000		YES	E	NO			

^{*} 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)]