

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack				
Full Name of Contributor Marilynn L. Stephens		Employer, Occupation, Labor Organization * Franklin Co. Muni Clerk		Registration Number, if PAC
Street Address 857 South 5th Street		Description of Item or Service Envelopes (Office Supplies)		M D Y Fair Market Value 1 0 0 2 0 8 33.08
City Columbus	State O H	Zip Code 43206		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Marilynn L. Stephens		Employer, Occupation, Labor Organization * Franklin Co. Muni Clerk		Registration Number, if PAC
Street Address 857 South 5th Street		Description of Item or Service Food for fundraiser		M D Y Fair Market Value 1 0 0 2 0 8 46.00
City Columbus	State O H	Zip Code 43206		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Gary Tyack		Employer, Occupation, Labor Organization * Attorney		Registration Number, if PAC
Street Address 947 Clubview Blvd N		Description of Item or Service Candy for Parade		M D Y Fair Market Value 0 7 0 2 0 8 83.78
City Columbus	State O H	Zip Code 43235		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]