

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack				
Full Name of Contributor Jeffrey G. Thompson			Registration Number, if PAC	
Street Address 601 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 0 9 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Gregory N. Finnerty			Registration Number, if PAC	
Street Address 6013 Round Tower Lane	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 0 9 1 0	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Timothy M. Rieder			Registration Number, if PAC	
Street Address 12310 New Delaware Road	Employer/Occupation/Labor Organization* 3SG		M D Y 0 9 0 9 1 0	Amount 125.00
City Mount Vernon	State O H	Zip Code 43050	Form (Cash, Check, etc) Check	
Full Name of Contributor Chris Hess			Registration Number, if PAC	
Street Address 830 E. Johnstown Road	Employer/Occupation/Labor Organization* Chiropractor		M D Y 0 9 0 9 1 0	Amount 125.00
City Gahanna	State O H	Zip Code 432320	Form (Cash, Check, etc) Check	
Full Name of Contributor George McCue			Registration Number, if PAC	
Street Address 500 South Front Street, Ste. 1200	Employer/Occupation/Labor Organization* Attorney, Crabbe Brown		M D Y 0 9 0 9 1 0	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Robert J. Behal			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization* Attorney, Behal Law Group		M D Y 0 9 0 9 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor John P. Johnson			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 0 9 1 0	Amount 125.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	

* 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)]

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

6 990.12

Total expenditures this event

7461.91

Page Total \$ **1,275.00**