

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 Tyack							
Full Name of Contributor Harold Keller				Registration Number, if PAC			
Street Address 543 Greenglade Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	100.00
City Worthington		State O H	Zip Code 43085	Form(Cash, Check, etc) check			
Full Name of Contributor Marvin Napier				Registration Number, if PAC			
Street Address 516 S. High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor Dennis McNamara				Registration Number, if PAC			
Street Address 3966 Fairlington Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O H	Zip Code 43220	Form(Cash, Check, etc) check			
Full Name of Contributor Committee for Joyce Beatty				Registration Number, if PAC			
Street Address 233 S. High Street, Ste 300		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor E. Scott Shaw				Registration Number, if PAC			
Street Address 500 S. Front St, Ste 130		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) check			
Full Name of Contributor Richard Borrer				Registration Number, if PAC			
Street Address 3036 Leeds Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	100.00
City Columbus		State O H	Zip Code 43221	Form(Cash, Check, etc) check			
Full Name of Contributor Ed Kirby				Registration Number, if PAC			
Street Address 4393 Colerain Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	100.00
City Columbus		State O H	Zip Code 43214	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

\$3,300.00

Total expenditures this event

Page Total \$ 650.00