

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 Luther L. Liggett				Registration Number, if PAC			
Street Address 5053 Grassland Dr		Employer/Occupation/Labor Organization* Attorney/Bricker& Eckler		M 1	D 0	Y 0	Amount 100.00
City Dublin	State O	H H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Mike Rankin				Registration Number, if PAC			
Street Address 2432 Wyncourtney Ct		Employer/Occupation/Labor Organization* Registrar - Ohio BMV		M 1	D 0	Y 0	Amount 100.00
City Powell	State O	H H	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Enaas F. Kasheer				Registration Number, if PAC			
Street Address 5775 Sandymount Dr		Employer/Occupation/Labor Organization* Physician/Self-Employed		M 1	D 0	Y 0	Amount 100.00
City Dublin	State O	H H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Mindzak				Registration Number, if PAC			
Street Address 7995 Corsham Ct		Employer/Occupation/Labor Organization* Lobbyist/Self-Employed		M 1	D 0	Y 0	Amount 200.00
City Dublin	State O	H H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor James G. Haywood				Registration Number, if PAC			
Street Address 299 Blandford Dr		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 2	Amount 25.00
City Worthington	State O	H H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Tyack				Registration Number, if PAC			
Street Address 8235 Chippenham Dr.		Employer/Occupation/Labor Organization* Attorney/Self-Employed		M 0	D 9	Y 2	Amount 100.00
City Dublin	State O	H H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert Oppenheimer				Registration Number, if PAC			
Street Address 811 Wakeman Court		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 2	Amount 100.00
City Westerville	State O	H H	Zip Code 43081	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

7,915.00

Total expenditures this event

1,901.25

Page Total \$ 725.00
