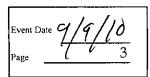
31-E R.C. 3517.10(B)



Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full								
Citizens to Elect Lori M. Tyack	<u></u>							
Full Name of Contributor				Registration Number, if PAC				
Marilyn Cantor								
Street Address	Employer/Occupa	М	D	Y	Amount			
2405 Dorothy Lane	Retired		0 9	- :	_ : : -		200.00	
City	State Zip Code		Form(Cash, Check, etc)					
Grove City	O H	Check						
Full Name of Contributor				Registration Number, if PAC				
Mike Miller				,				
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	= 0.00	
Best Effort	Retired		0 9	0 9			50.00	
City	State	Zip Code	Form(Ca	sh,Check				
Columbus	$O \mid H$. <u>.</u>		Cash				
Full Name of Contributor			Registration Number, if PAC					
TOTAL CONTRIBUTIONS FROM FOR				····				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	0.747.40	
				0 9			2,745.12	
City.	State	Zip Code	Form(C:	ash,Check	c,etc)	,		
`								
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Steve Santangelo				,				
Street Address	Employer/Occupa	M	D	Y	Amount	405.00		
175 S. Third Street, Ste. 900	Atty, We			10		125.00		
City	State	Zip Code		ash,Check				
Columbus	$O \mid H$	43215		Chec				
Full Name of Contributor				Registration Number, if PAC				
The Huntington Bancshares Incorporated				T	1	ı.		
Street Address	Employer/Occupation/Labor Organization*		м 1 0	D	Y	Amount	750.00	
41 S. High Street	Bank				10		750.00	
City	State	Zip Code 43215		ash,Check	. ,			
Columbus	O H	Check						
Full Name of Contributor	. 7			Registration Number, if PAC				
The Huntington Bancshares Incorporate	tea		 	T .	T ,/	A a		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	E00.00	
41 S. High Street	Bank		0 9				500.00	
City	State	Zip Code		ash,Checl				
Columbus	O H 43215			Check Registration Number, if PAC				
Ill Name of Contributor			Kegistra	iuon Num	iber, it PA	iC.		
Woody Fox	15		 , , 	I n	T v	τ		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	1 000 00	
233 N. Bend Dr.	Bondsman		0 7				1,000.00	
City	State	Zip Code		ash,Checl				
Pataskala	$O \mid H$	43062-7551		Chec	K			

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 expenditures this event

Page Total \$ 5.370.12

^{*} 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)]