

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack			
Full Name of Contributor Saia & Piatt	Employer, Occupation, Labor Organization * Law Office	Registration Number, if PAC	
Street Address 713 S. Front Street	Description of Item or Service Invitations/ Envelopes	M D Y 0 4 2 6 0 7	Fair Market Value 87.71
City Columbus	State Zip Code O H 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Saia & Piatt	Employer, Occupation, Labor Organization * Law Office	Registration Number, if PAC	
Street Address 713 S. Front Street	Description of Item or Service Postage	M D Y 0 4 2 6 0 7	Fair Market Value 234.00
City Columbus	State Zip Code O H 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Saia & Piatt	Employer, Occupation, Labor Organization * Law Office	Registration Number, if PAC	
Street Address 713 S. Front Street	Description of Item or Service Pizza	M D Y 0 4 2 6 0 7	Fair Market Value 138.84
City Columbus	State Zip Code O H 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Saia & Piatt	Employer, Occupation, Labor Organization * Law Office	Registration Number, if PAC	
Street Address 713 S. Front Street	Description of Item or Service Water, Pop, Beer, Paper	M D Y 0 4 2 6 0 7	Fair Market Value 168.09
City Columbus	State Zip Code O H 43206	Received at Fundraising Event? <input checked="" 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	
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)]

Page Total \$ 628.64