

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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 0	D 9	Y 0910	Amount \$200.00
City Columbus	State OH	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 0	D 9	Y 0910	Amount \$100.00
City Dublin	State OH	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 0	D 9	Y 0910	Amount \$125.00
City Mount Vernon	State OH	Zip Code 43050	Form (Cash, Check, etc.) Check		
Full Name of Contributor Chris Hess (Hess Chiropractic)			Registration Number, if PAC		
Street Address 830 E Johnstown Road	Employer/Occupation/Labor Organization* Chiropractor	M 0	D 9	Y 0910	Amount \$125.00
City Gahanna	State OH	Zip Code 43230	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 0	D 9	Y 0910	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Behal Legal Group (Robert J. Behal)			Registration Number, if PAC		
Street Address 501 S High Street	Employer/Occupation/Labor Organization* Attorneys	M 0	D 9	Y 0910	Amount \$100.00
City Columbus	State OH	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 0	D 9	Y 0910	Amount \$125.00
City Columbus	State OH	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 also 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

Total expenditures this event.

\$15,260.12

\$4,660.08

Page Total \$ 1,275.00