

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|-----------------------------------------------------------------------|--|-----------------------|-------------------------------------------------------|--------------------------|--|---------------------------------------------|------------------------------------------|-------------------|--|-------------------|--|-------------------------|--|
| Name of Committee in Full Citizens for Lori M Tyack | | | | | | | | | | | | | |
| Full Name of Contributor Vorys Sater Seymour and Pease | | | | | | Registration Number, if PAC OH109 | | | | | | | |
| Street Address 52 E. Gay St. | | | Employer/Occupation/Labor Organization* PAC | | | | Form (Cash, Check, etc) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | M 0 9 | | D 1 6 | | Y 0 9 | | Amount 250.00 | |
| Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | 1 1 | | 1 2 | | 0 9 | | 4,250.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc) | | | | | | |
| City | | State | | Zip Code | | M | | D | | Y | | Amount | |
| | | | | | | | | | | | | | |

* 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 \$ 4,500 00