31-A	
R C 3517	10

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			Registra	tion Num	ber, 1f PA	С
Vorys Sater Seymour and Pease			OF	1109		
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)
52 E. Gay St.	PAC					Check
City	State	Zıp Code	М	D	Y	Amount
Columbus	∣о⊥н		019	1 6	0 9	250.00
Full Name of Contributor				tion Num		
TOTAL CONTRIBUTIONS FROM FO	ORM 31_F		ľ		•	
Street Address		ipation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	i inproyer coo	ipation Editor Organization				· · · · · · · · · · · · · · · · · · ·
	State	7 C-1-	LW	I D	Y	Amount
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			1 1	1 2	0 9	4,250.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.C
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)
Cıty	State	Zıp Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Num	ber, 1f PA	C
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)
Silvet Address	Zimpioyel/ Cook	pation basis organization				
	State	7 Code	М	D ·	Y	Amount
City	State	Zıp Code	I M	"	1 1	ZAMOWIL
Full Name of Contributor			Registra	ation Num	ber, if PA	aC .
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form (C			Form (Cash, Check, etc.)	
	l					
City	State	Zıp Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Num	ber, if PA	ıC
Street Address	Employer/Occ	upation/Labor Organization*			•	Form (Cash, Check, etc.)
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City	State	Zıp Code	М	D	Y	Amount
City	l Julio	Zap Couc	1 "	1 -	Ī	
Full Name of Contributor			Degretre	ation Num	her if PA	<u> </u>
ruii Name of Contributor			Registr	ation iveni	ibei, ii i r	ic .
	I- 1 6					E (O-1 Charleste)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
						
City	State	Zıp Code	M _.	D	Y	Amount
Full Name of Contributor		-	Registr	ation Num	ber, if PA	VC .
Street Address	Employer/Occ	upation/Labor Organization*	-			Form (Cash, Check, etc.)
						1
City	State	Zıp Code	М	D	Y	Amount
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* 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