Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			wine-name vorme	***********************	***************************************			
Name of Committee in Full								
Citizens for Lori M Tyack								
Full Name of Contributor				Registration Number, if PAC				
Joseph R. Landusky, Esq.	1			vystausamussamu	- Andrews			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
901 S. High Street	Attorney		1			Cash		
City Columbus	State O H	Zip Code 43206	$\begin{vmatrix} M \\ 0 \end{vmatrix} 4$	1 6	$\begin{vmatrix} \mathbf{Y} \\ 1 \end{vmatrix} 0$	Amount 100.00		
Full Name of Contributor	demonstrative de la constantive de la constantiv			tion Num				
TOTAL CONTRIBUTIONS FROM FORM 31-G								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			0 6		1 0	100.00		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
					li			
Full Name of Contributor Registration Number, if						C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	ber, if PA	C						
Street Address	Employer/Occupation/Labor Organization*			NAME OF THE OWNER, THE	Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	ation Num	her if PA	C		
Full Name of Contributor Registration Number, if PAC								
eet 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	***************************************		Registra	ation Num	ber, if PA	C		
					, / !			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		

Page Total \$ 200.00

^{*} 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)]