

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Lori M. Tyack</b>					
Full Name of Contributor <b>Jeffrey G. Thompson</b>			Registration Number, if PAC		
Street Address <b>601 South High Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State <b>O</b>   H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Gregory N. Finnerty</b>			Registration Number, if PAC		
Street Address <b>6013 Round Tower Lane</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O</b>   H	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Timothy M. Rieder</b>			Registration Number, if PAC		
Street Address <b>12310 New Delaware Road</b>	Employer/Occupation/Labor Organization* <b>3SG</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>125.00</b>
City <b>Mount Vernon</b>	State <b>O</b>   H	Zip Code <b>43050</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Chris Hess (Hess Chiropractic)</b>			Registration Number, if PAC		
Street Address <b>830 E. Johnstown Road</b>	Employer/Occupation/Labor Organization* <b>Chiropractor</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>125.00</b>
City <b>Gahanna</b>	State <b>O</b>   H	Zip Code <b>432320</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>George McCue</b>			Registration Number, if PAC		
Street Address <b>500 South Front Street, Ste. 1200</b>	Employer/Occupation/Labor Organization* <b>Attorney, Crabbe Brown</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O</b>   H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Behal Law Group (Robert J. Behal)</b>			Registration Number, if PAC		
Street Address <b>501 South High Street</b>	Employer/Occupation/Labor Organization* <b>Attorneys</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>   H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>John P. Johnson</b>			Registration Number, if PAC		
Street Address <b>501 South High Street</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>125.00</b>
City <b>Columbus</b>	State <b>O</b>   H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		

\* 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)]

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  

15,220.12

Total expenditures this event  

4,660.08

Page Total \$ 1,275.00