

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack				
Full Name of Contributor Rob McCarty			Registration Number, if PAC	
Street Address 150 East Mound Street Suite 308	Employer/Occupation/Labor Organization* Attorney-Dana & Pariser		M D Y 0 8 2 5 1 0	Amount 775.00
City Columbus	State O H	Zip Code 43215-5429	Form(Cash,Check,etc) Check	
Full Name of Contributor Weltman Weinberg & Reis (Steve Santangelo)			Registration Number, if PAC	
Street Address 175 S. 3rd St. Ste. 900	Employer/Occupation/Labor Organization* Attorneys		M D Y 0 8 1 2 1 0	Amount 400.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Pastor Fred V. LaMare			Registration Number, if PAC	
Street Address Best Effort	Employer/Occupation/Labor Organization* First Miss. Baptist Church		M D Y 0 9 0 9 1 0	Amount 100.00
City	State O H	Zip Code	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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
