Event Date	4-22-07
Page	1

650.00

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

Name of Committee in Full	Prescribed b	y Secretary of State 3/05		
Citizens for Lori Tyack				
Full Name of Contributor				
David Petikas			Registration Number, if PAC	
Street Address	Employee/On			
6166 Jeffrelyn Drive	City o	cupation/Labor Organization* f Columbus	M D Y Amount	
City	State	Zip Code	0 4 2 2 0 7	100.0
Hilliard	<u>.</u>	43026	Form(Cash,Check,etc)	
Full Name of Contributor	<u> </u>	1 45020	cash	
Abbie Armitage			Registration Number, if PAC	
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	
2732 Eastcleft Drive	City o	f Columbus	0 4 2 7 0 7	100.00
Columbus	State	Zip Code	Form(Cash, Check, etc)	100.00
Full Name of Contributor	O   F	H 43221	check	
Tommy J. McFerin			Registration Number, if PAC	
Street Address	· · · · · · · · · · · · · · · · · · ·			
12800 Adams Lane		upation/Labor Organization*	M D Y Amount	<del></del>
City	City of	Columbus	0 4 2 5 0 7	200.00
Pataskala	State	Zip Code	Form(Cash,Check,etc)	
ull Name of Contributor		43062	check	
Michael E. Zatezalo			Registration Number, if PAC	
treet Address	Employer/Occi	pation/Labor Organization*	M D Y Amount	- · · · · · · · · · · · · · · · · · · ·
65 E. State Street, Ste 1800	self	F	M D Y Amount 0 4 2 6 0 7	050.00
ity	State	Zip Code	Form(Cash,Check,etc)	250.00
Columbus	O H	43215	check	
ull Name of Contributor			Registration Number, if PAC	
reet Address			1	
ice: Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	·
ty				
•9	State	Zip Code	Form(Cash,Check,etc)	
Ill Name of Contributor				
			Registration Number, if PAC	
reet Address	Employer/Occur	pation/Labor Organization*		
		ation/Labor Organization*	M D Y Amount	
у	State	Zip Code	Form(Cash,Check,etc)	
	1 1		rom(cash, check, etc)	
			Registration Number, if PAC	
ll Name of Contributor				
			i	
Il Name of Contributor eet Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
eet Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	<del></del>
	Employer/Occup	ation/Labor Organization*	M D Y Amount Form(Cash,Check,etc)	

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 "Co

in the date column.	and I state I all I value of Contributor state "Contributions from form No. 31-E" and I	list the date of the event
Total contributions this event	Total expenditures this event	
4	5	Page Total \$

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)]