Page	2
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		***		***					
Citizens for Lori M. Tyack						<u> </u>			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
John Raphael		self							
Street Address	Description of Item or Serv	Description of Item or Service		D	Y	Fair Market Valu			
261 East North Broadway	Decora	Decorations		0 3			80.00		
City	State Zip Code		Received		aising Ev				
Columbus	ОН	43214				∐ ио			
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
John Raphael	sel								
Street Address	Description of Item or Serv	Description of Item or Service		D	Y	Fair Market Valu			
261 East North Broadway	foo	food		0 3			250.00		
City	State Zip Code			Received at Fundraising Event?					
Columbus	O H	43214	☑ ·			□ NO			
Full Name of Contributor	Employer, Occupation, Lab		Registrati	on Numl	ber, if PA	AC.			
Don Klco	Anheise	r Bush					·		
Street Address	Description of Item or Serv	rice	M	D	Y	Fair Market Val			
225 East North Broadway	alcol	nol	$1 \mid 0$				60.00		
City	State Zip Cod		Received		aising E				
Columbus	O H	43214	Ų .			∐ ио			
Full Name of Contributor		Employer, Occupation, Labor Organization * Registration Number, if PAC							
John Raphael	sel	self							
Street Address	Description of Item or Serv	rice	M	D	Y	Fair Market Val			
261 East North Broadway	✓ alcol	hol	1 0	0 3			250.00		
City	State Zip Cod		Received		raising E				
Columbus	O H	43214	V	YES		.□ NO			
Full Name of Contributor	Employer, Occupation, La	bor Organization *	Registrat	ion Num	ber, if P	AC			
Street Address	Description of Item or Ser	Description of Item or Service		D	Y	Fair Market Val	ue		
outer Address	, , ,								
City	State Zip Cod	le	Received	at Fund	raising E	Event?			
				YES		Ои			
Full Name of Contributor	Employer, Occupation, La	bor Organization *	Registrat	ion Nun	ber, if P	AC			
	Description of Itam or San	Description of Itom or Comica		D	Y	Fair Market Va	lue		
Street Address	Description of flem of Ser	Description of Item or Service			l î				
City	State Zip Coo	le	Received	at Fund	raising I	Event?			
 • • • • • • • • • • • • • • • • • • •				YES		□ NO			
Full Name of Contributor	Employer, Occupation, La	bor Organization *	Registra	tion Nun	iber, if P	AC			
Street Address	Description of Item or Ser	Description of Item or Service		D	Y	Fair Market Va	lue		
Sileet Address	Description of Item of Service		M 						
City	State Zip Co	de	Receive	d at Fund YES	lraising l	Event?			
Full Name of Contributor	Employer, Occupation, La	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Se	rvice	M	D	Y	Fair Market Va	lue		
City	State Zip Co	de	Receive	d at Fun	draising	Event?			
				YES		□ мо			

Page Total \$	640.00
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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)]