3	1-	E			
R.	C.	351	7.1	0(E	3)

Event Date	10-02-08
 Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05			приняти приняти п		
Name of Committee in Full							
Citizens for Lori Tyack							
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Ashley Stephens			M	T 75	1 1/2		
Street Address	, , ,	Employer/Occupation/Labor Organization* Pfizer Sales Rep		D	Y	Amount	25.00
857 South 5th St		Zip Code		sh,Check	0 8		25.00
Calamatana	State H	43206		Chec			
Columbus Full Name of Contributor	LOLH	1 43200			ber, if PA	C	
David Lancione, LLC			Registra	tion ivan	001, 11 1 7		
Street Address	Employer/Occur	ation/Labor Organization*	M	D	Y	Amount	
1041 Summit St	LLC		0 9		0 8		100.00
City	State	Zip Code	Form(C	ash,Checl	c,etc)		
Columbus	$O \mid H$	43201		Chec			
Full Name of Contributor			Registra	tion Num	ber, if PA	C	<u> </u>
Total Contributions from Emp	lovees (Form 31-G	Pages 1-6)					
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	
							2,945.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

Full Name of Contributor			Registra	tion Nun	iber, if PA	vC	
	T C C	Employer/Occupation/Labor Organization*		D	Y	Amount	
Street Address	Employer/Occup	Janon Labor Organization	M			2 sinount	
City	State	Zip Code	Form(C	ash,Chec	k.etc)	1	
ecity			(-	, .	, ,		
Full Name of Contributor			Registra	tion Nun	ber, if PA	۸C	Properties and American Control of Properties
Street Address	Employer/Occu	oation/Labor Organization*	М	D	Y	Amount	
			ALMONOR				
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ition Nun	ber, if PA	AC	
				T .	T		
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
	2	Tz: 0.1	F/C	1 Char			
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
run Name of Contributor			110,51311				
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Y	Amount	
3.50							
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
	1		mana di				
	., , , , , , , , , , , , , , , , , , ,	1' 1				641	

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	144	
Total Contributions this Cront		Page Total \$	3.070.00
7.915.00	1.901.25		

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)]