

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori Tyack					
Full Name of Contributor Joseph L Mas				Registration Number, if PAC	
Street Address 439 Colonial Ave.	Employer/Occupation/Labor Organization* Attorney/Self-employed		M 0	D 9	Y 3
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Janet A. Grubb				Registration Number, if PAC	
Street Address 4062 Georgesville Wrightsville Rd	Employer/Occupation/Labor Organization* Judge		M 1	D 0	Y 2
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Darryl Dever				Registration Number, if PAC	
Street Address 2078 Woodlands Place	Employer/Occupation/Labor Organization* Lobbyist/Self-employed		M 1	D 0	Y 2
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert C. Bisciotti				Registration Number, if PAC	
Street Address 6059 Homewell St	Employer/Occupation/Labor Organization* HR Dir. FCCP Court		M 1	D 0	Y 2
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Eric Brown				Registration Number, if PAC	
Street Address 34 West Poplar Ave	Employer/Occupation/Labor Organization* Judge		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor IBEW 683 PCE				Registration Number, if PAC 683 PCE	
Street Address 23 West 2nd Ave	Employer/Occupation/Labor Organization* Labor Org		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Adele M Lipari				Registration Number, if PAC	
Street Address 5590 Bay Hill Dr	Employer/Occupation/Labor Organization* Dr - OSU Radiology		M 1	D 0	Y 2
City Canfield	State O	Zip Code 44406	Form(Cash,Check,etc) Check		Amount 50.00

* 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

7,915.00

Total expenditures this event

1,901.25

Page Total \$ 875.00