

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 Michael A. Ferguson				Registration Number, if PAC	
Street Address 2355 Berry Hill Drive	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2007
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Jeffrey T. Dever				Registration Number, if PAC	
Street Address 5222 Crescent Court	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2007
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Ian Rodier				Registration Number, if PAC	
Street Address 309 S Fourth St, Ste 200	Employer/Occupation/Labor Organization* self		M 0	D 4	Y 2007
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Joseph E. Scott				Registration Number, if PAC	
Street Address 35 E. Livingston	Employer/Occupation/Labor Organization* self		M 0	D 4	Y 2007
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) check		Amount 150.00
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 844 S Front Street	Employer/Occupation/Labor Organization* self		M 0	D 4	Y 2007
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) check		Amount 75.00
Full Name of Contributor Jonathan Kopech				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2007
City	State	Zip Code	Form(Cash,Check,etc) cash		Amount 60.00
Full Name of Contributor Violette P. Croley				Registration Number, if PAC	
Street Address 600 High Street	Employer/Occupation/Labor Organization* retired		M 0	D 5	Y 2007
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) cash		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

28

Total expenditures this event

Page Total \$ 535.00