

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack							
Full Name of Contributor Marilyn Cantor					Registration Number, if PAC		
Street Address 2405 Dorothy Lane		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 1	Amount 200.00
City Grove City		State O H	Zip Code 43123-2954		Form(Cash,Check,etc) Check		
Full Name of Contributor Mike Miller					Registration Number, if PAC		
Street Address Best Effort		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 1	Amount 50.00
City Columbus		State O H	Zip Code		Form(Cash,Check,etc) Cash		
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-G					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M 0	D 9	Y 1	Amount 2,647.50
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name of Contributor Weltman Weinberg & Reis (Steve Santangelo)					Registration Number, if PAC		
Street Address 175 S. Third Street, Ste. 900		Employer/Occupation/Labor Organization* Attorneys		M 0	D 9	Y 1	Amount 125.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check		
Full Name of Contributor Loren Ball					Registration Number, if PAC		
Street Address 742 Mohawk Street		Employer/Occupation/Labor Organization* Best Effort		M 0	D 9	Y 1	Amount 62.50
City Columbus		State O H	Zip Code 43206		Form(Cash,Check,etc) Cash		
Full Name of Contributor The Huntington Bancshares Incorporated PAC					Registration Number, if PAC C00165589		
Street Address 41 S. High Street		Employer/Occupation/Labor Organization* Bank		M 0	D 9	Y 1	Amount 500.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check		
Full Name of Contributor THIS ENTRY INTENTIONALLY LEFT BLANK					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)		

* 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
15,220.12

Total expenditures this event
4,660.08

Page Total \$ 3,585.00