

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Lori M. Tyack				
Full Name of Contributor Rob McCarty			Registration Number, if PAC	
Street Address 150 East Mound Street, Ste 308	Employer/Occupation/Labor Organization* Attorney- Dana & Pariser		M 0 8 2 5 1 0	D Y Amount \$775.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Weltman Weinberg & Reis (Steve Santangelo)			Registration Number, if PAC	
Street Address 175 S. 3rd Street, Ste 900	Employer/Occupation/Labor Organization* Attorneys		M 0 8 1 2 1 0	D Y Amount \$400.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pastor Fred V. LaMare			Registration Number, if PAC	
Street Address Best Effort	Employer/Occupation/Labor Organization* First Miss. Baptist Church		M 0 9 0 9 1 0	D Y Amount \$100.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Linda Szymanski			Registration Number, if PAC	
Street Address 3884 Norbrook Drive	Employer/Occupation/Labor Organization*		M 0 9 0 9 1 0	D Y Amount \$40.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			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 also 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

\$15,260.12

Total expenditures this event.

\$4,660.08

Page Total \$ 1,315.00