

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 Huntington Bancshares Inc				Registration Number, if PAC C00165589	
Street Address 41 South Hight Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Citizens for Rankin				Registration Number, if PAC	
Street Address 2432 Wyncourtney Ct	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Powell	State O	Zip Code 43065	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Plumbers & Pipefitters L.U. 189				Registration Number, if PAC PCE 6220	
Street Address 1250 Kinnear Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43212	Amount 200.00	Form(Cash,Check,etc) check	
Full Name of Contributor Jim Gravelle				Registration Number, if PAC	
Street Address 8215 Morris Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Hilliard	State O	Zip Code 43026	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor George Wolf				Registration Number, if PAC	
Street Address 425 E. North Broadway	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43214	Amount 200.00	Form(Cash,Check,etc) check	
Full Name of Contributor United Steel Workers				Registration Number, if PAC PCE 6210	
Street Address 777 Dearborn Park Lane, Ste J	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43085	Amount 200.00	Form(Cash,Check,etc) check	
Full Name of Contributor Columbus/ Central Ohio Building Trades Council-Education Fund				Registration Number, if PAC 6131	
Street Address 555 E. Rich St, Rm 217	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 500.00	Form(Cash,Check,etc) check	

* 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

Total expenditures this event

Page Total \$ **1,400.00**