

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 Bradley B. Bennett					Registration Number, if PAC		
Street Address 3050 Avalon Road		Employer/Occupation/Labor Organization* Self		M 0	D 9	Y 2	Amount 88.00
City Columbus		State O	H H	Zip Code 4322		Form(Cash,Check,etc) check	
Full Name of Contributor Lillian L. Macer					Registration Number, if PAC		
Street Address 214 Abbot Avenue		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 40.00
City Worthington		State O	H H	Zip Code 43085		Form(Cash,Check,etc) check	
Full Name of Contributor Kathleen K. Cooper					Registration Number, if PAC		
Street Address 514 Stevenson Ave		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 44.00
City Worthington		State O	H H	Zip Code 43085		Form(Cash,Check,etc) check	
Full Name of Contributor Lois Reese					Registration Number, if PAC		
Street Address 1330 Wilson Ave		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 44.00
City Columbus		State O	H H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Ruth Rankin					Registration Number, if PAC		
Street Address 2432 Wyncourtney Court		Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 44.00
City Powell		State O	H H	Zip Code 43065		Form(Cash,Check,etc) cash	
Full Name of Contributor Valerie Knapp					Registration Number, if PAC		
Street Address 500 Olenwood Ave		Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 20.00
City Worthington		State O	H H	Zip Code 43085		Form(Cash,Check,etc) check	
Full Name of Contributor Paul Cynkar					Registration Number, if PAC		
Street Address 7022 Wethersfield Pl		Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 20.00
City Worthington		State O	H H	Zip Code 43085		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 \$ 300.00