

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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|--|---|---|--------------------------------------|
| Name of Committee in Full Citizens for Lori M. Tyack | | | |
| Full Name of Contributor THIS ENTRY LEFT BLANK | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address INTENTIONALLY | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor Graphic Techologies | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address P.O. Box 248 | Description of Item or Service Bags, towels, tees, banner | M D Y 0 9 0 9 1 0 | Fair Market Value 1,050.42 |
| City Groveport | State Zip Code O H 43125 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor Marilynn Stephens | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 857 S. 5th St. | Description of Item or Service Golf bag items | M D Y 0 9 0 9 1 0 | Fair Market Value 83.23 |
| City Columbus | State Zip Code O H 42306-2611 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
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| Street Address | Description of Item or Service | M D Y | Fair Market Value |
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| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

* 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)]