31-	J-	1	
R C	35	17.	10

C. 3517,10		
	<b>In-Kind Contributions</b>	Received

Page	2	

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del>,</del>				
Citizens for Lori M. Tyack						
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC			
THIS ENTRY LEFT BLANK			1			
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value
INTENTIONALLY						
City	State	Zip Cođe	Receive	d at Fund	raising l	Event?
				YES		□ио
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registra	ıtion Nuπ	ъет, if Р	'AC
Graphic Techologies						
Street Address	1 '	Description of Item or Service		D	Y	Fair Market Value
P.O. Box 248	Bags, to	wels, tees, banner	0 9	019	110	1,050.42
City	State	Zip Code	Received at Fundraising Event?			
Groveport	OH	43125		YES		NO
Full Name of Contributor	Employer, Occa	pation, Labor Organization *	Registra	tion Nun	ber, if I	PAC
Marilynn Stephens			1			
Street Address	Description of I		M	D	Y	Fair Market Value
857 S. 5th St.	G	olf bag items		0 9		
City	State	Zip Code	_	d at Fund	Iraising l	
Columbus	ОН	42306-2611	<b>√</b>	1		NO
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Receive	d at Func	Iraising l	Event?
			[	YES		□ио
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value
40		7. 0 1	72	J - Francis	1 1	r2
City	State	Zip Code	Receive	d at Func	rraising i	NO NO
Full Name of Contributor	F( O	unties Labor Ornanization *	Pougtr	Registration Number, if PAC		
rui Name of Controllor	Employer, Occupation, Labor Organization * Registration		non Number, if FAC			
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value
			1			
City	State	Zip Code	Receive	d at Func	Iraising l	
				YES		∐NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of I	tem or Service	М	Đ	Y	Fair Market Value
				1 !		
City	State	Zip Code	Receive	d at Func	traising l	Event?
				YES		NO
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
						<u> </u>
City	State	Zip Code	Receive	d at Fund	Iraising	
	<b>l</b>			YES		∐NO

Page Total \$ 1,133.65

<sup>\*</sup> 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)]