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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack						
	T		r			
Full Name of Contributor Marilynn Stephens	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
857 S. 5th St.	Golf bag items				1	83.23
City			0   9   0   9   1   0   83.23 Received at Fundraising Event?			
Columbus	State Zip Code 43206-2611		YES NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Graphic Techologies						
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value
P.O. Box 248	Bags, towels, tees, banner		0 9	019	$1 \mid 0$	1,050.42
City	State	Zip Code	Received at Fundraising Event?			
Groveport	$\cap$ $\mid$ H	43125	✓ YES NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Ite	m or Service	М	D	ΙΥ	Fair Market Value
		0, 55	l "i		l i	
City	State	Zip Code	Receiver	d at Fund	raising Ev	vent?
		Zip oods		YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
			,			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Received		raising Ev	
				YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
					<b> </b>	
City	State	Zip Code	Received	d at Fund	raising Ev	vent?
				YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
					1 1	
City	State	Zip Code	Received	d at Fund	raising Ev	/ent?
				YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
			ļ		····	I
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Receive	d at Fund	raising Ev	ioni?
Cay	State	Zip Code	I CONTROL	YES	·aising ta	No
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	Supreyer, Occupation, Supra Organization		Ĺ			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
			<u>                                     </u>			
City	State	Zip Code	Received	d at Fund	raising Ev	
			<u> </u>	YES		NO

<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)]