

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack						
Full Name of Contributor Zachary Scott			Registration Number, if PAC			
Street Address Best Effort	Employer/Occupation/Labor Organization* Franklin Co. Sheriff's Ofc.		M 1	D 1	Y 2	Amount 50.00
City	State	Zip Code	Form(Cash,Check,etc) Check			
Full Name of Contributor Zac Scott			Registration Number, if PAC			
Street Address Best Effort	Employer/Occupation/Labor Organization* Columbus Police Dept.		M 1	D 1	Y 2	Amount 50.00
City	State	Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-G			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount 1,704.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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

4,250.00

Total expenditures this event

191.92

Page Total \$ 1,804.00