

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 John Raphael/The Raphael Co.			Registration Number, if PAC		
Street Address 444 South Front St.	Employer/Occupation/Labor Organization* Sole Proprietorship		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 350.00
Full Name of Contributor United Steelworkers, District 1 PCE			Registration Number, if PAC District 1 PCE		
Street Address 777 Dearborn Park Lane, Suite J	Employer/Occupation/Labor Organization* Labor Organization		M 0	D 9	Y 1
City Columbus	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Sara Conville			Registration Number, if PAC		
Street Address PO Box 248	Employer/Occupation/Labor Organization* Graphic Ts		M 1	D 0	Y 2
City Groveport	State O	Zip Code 43125	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Michael Scoliere			Registration Number, if PAC		
Street Address 4603 Gwenedd Ct	Employer/Occupation/Labor Organization* Attorney/LGB&S		M 0	D 9	Y 2
City Dublin	State O	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Marlene E. Lynn			Registration Number, if PAC		
Street Address 203 Windsor Ct. Apt H	Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 3
City Marysville	State O	Zip Code 43040	Form(Cash,Check,etc) Check		Amount 45.00
Full Name of Contributor Linda Reibel			Registration Number, if PAC		
Street Address 39 Orchard Dr.	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 4
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor The Gittes Law Group			Registration Number, if PAC		
Street Address 723 Oak St.	Employer/Occupation/Labor Organization* LPA		M 1	D 0	Y 1
City Columbus	State O	Zip Code 43205	Form(Cash,Check,etc) Check		Amount 50.00

* 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

7,915.00

Total expenditures this event

1,901.25

Page Total \$ 2,545.00