

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Lori Tyack							
Full Name of Contributor Roger M. Koeck				Amount			
Street Address 6257 Emberwood Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Dublin	State OH	Zip Code 43017	Form(Cash, Check, etc) check				
Full Name of Contributor Susan Pettit				Registration Number, if PAC			
Street Address 713 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	50.00
City Columbus	State OH	Zip Code 43206	Form(Cash, Check, etc) check				
Full Name of Contributor Joseph D. Reed				Registration Number, if PAC			
Street Address 713 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	100.00
City Columbus	State OH	Zip Code 43206	Form(Cash, Check, etc) check				
Full Name of Contributor Woody Fox				Registration Number, if PAC			
Street Address High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	150.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) check				
Full Name of Contributor Serajul Hoque				Registration Number, if PAC			
Street Address 2942 Brandon Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		City of Columbus		0	4	2	150.00
City Upper Arlington	State OH	Zip Code 43221	Form(Cash, Check, etc) check				
Full Name of Contributor David C. Bischoff				Registration Number, if PAC			
Street Address 1731 Marinette Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		self		0	4	2	150.00
City Springfield	State OH	Zip Code 45503	Form(Cash, Check, etc) check				
Full Name of Contributor Crystal Renee Ross				Registration Number, if PAC			
Street Address 5390 Westfall Road SW		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		City of Columbus		0	4	2	100.00
City Lancaster	State OH	Zip Code 43130	Form(Cash, Check, etc) check				

* 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

Total expenditures this event

Page Total \$ 750.00