

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Lori M. Tyack					
Full Name of Contributor Marilyn Cantor			Registration Number, if PAC		
Street Address 2405 Dorothy Lane	Employer/Occupation/Labor Organization* Retired	M 0	D 9	Y 10	Amount \$200.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor Mike Miller			Registration Number, if PAC		
Street Address Best Effort	Employer/Occupation/Labor Organization* Retired	M 0	D 9	Y 10	Amount \$50.00
City Columbus	State OH	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 0	D 9	Y 10	Amount \$2,607.50
City	State	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor Wellman Weinberg & Reis (Steve Santangelo)			Registration Number, if PAC		
Street Address 175 S. 3rd Street, Ste 900	Employer/Occupation/Labor Organization* Attorneys	M 0	D 9	Y 10	Amount \$125.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Loren Ball			Registration Number, if PAC		
Street Address 742 Mohawk Street	Employer/Occupation/Labor Organization* Best Effort	M 0	D 9	Y 10	Amount \$62.50
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash		
Full Name of Contributor The Huntington Bancshares Incorporated PAC			Registration Number, if PAC		
Street Address 41 S. High Street	Employer/Occupation/Labor Organization* Bank	M 0	D 9	Y 10	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor THIS ENTRY INTENTIONALLY LEFT BLANK			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 also 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

\$15,260.12

Total expenditures this event.

\$4,660.08

Page Total \$ 3,545.00