

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Lori M. Tyack</b>							
Full Name of Contributor <b>Sharon Autin</b>					Registration Number, if PAC		
Street Address <b>2130 Iuka Ave</b>		Employer/Occupation/Labor Organization* <b>Best Effort</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43201</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Shirley Kramer</b>					Registration Number, if PAC		
Street Address <b>3167 Rock Fence Drive</b>		Employer/Occupation/Labor Organization* <b>Housewife</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>0</b>	Y <b>5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Abe Bahgat, Attorney At Law</b>					Registration Number, if PAC		
Street Address <b>338 South High St</b>		Employer/Occupation/Labor Organization* <b>Law Office</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>o</b>   <b>h</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Rosemary Pomeroy</b>					Registration Number, if PAC		
Street Address <b>273 Heischman Lane</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43085</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Robert J. Behal Law Offices, LLC</b>					Registration Number, if PAC		
Street Address <b>501 S High St</b>		Employer/Occupation/Labor Organization* <b>LLC</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Total Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>4,525.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]

Page Total \$ 4,850.00