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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N 60 1 5 1		*						
Name of Committee in Full								
Citizens for Lori Tyack			Do mint	otion Nive	nhan if DA			
Ill Name of Contributor				Registration Number, if PAC				
Contributions from Form No. 31-E	1					Francisco (Carlo Charlo etc.)		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
	1		0 4	2 6	0 7	2,935.00		
Full Name of Contributor					nber, if PA	AC		
Contributions from Form No. 31-E								
Street Address								
City	State	Zip Code	М	D	Y	Amount		
	1 1	•	0 4	2 2	0 7	650.00		
Full Name of Contributor					nber, if PA			
Contributions from Form No. 31-G			ľ					
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	, Canada (Canada (Cana							
City	State	Zip Code	М	D	Y	Amount		
city	Julio	Imp code		1 1		400.00		
Full Name of Contributor	1 1		Registr	ation Nu	nber, if PA			
Full Name of Congridutor			Registi	auon i vui	11001, 11 1 1			
O A 11	Employer/Occ	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occi	ipation/Lauor Organization				orni (Casii, Check, cic.)		
	Ctata	Zin Codo	М	D	ΙΥ	Amount		
City	State	Zip Code	I MI	1 1	1 1	Amount		
			Desire	l l	-bif D) C		
Full Name of Contributor			Registi	auon ivui	nber, if PA	AC .		
	In					Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*							
				1 -	T 37			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PAC								
Smeet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Street Address	dress Employer/Occupation/Labor Organization*							
City	State	Zip Code	М	D	Y	Amount		
	1			1				
Full Name of Contributor			Registr	ation Nu	mber, if PA	AC		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
	1							
City	State	Zip Code	М	D	Y	Amount		
					1			
Full Name of Contributor			Registr	ation Nu	mber, if PA	AC .		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Control of the contro								
City	State	Zip Code	М	D	Y	Amount		
on,		-						
	1				1	I		

* 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 \$ 3,985.00