

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 Jim Gravelle				Registration Number, if PAC	
Street Address 8215 Morse Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) check		Amount 44.00
Full Name of Contributor John P. Johnson, II				Registration Number, if PAC	
Street Address 567 Springbrook East	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Westerville	State O	Zip Code 43081	Form(Cash,Check,etc) check		Amount 45.00
Full Name of Contributor Donald S. Klco				Registration Number, if PAC	
Street Address 225 E. N. Broadway	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Koepch & O'Grady				Registration Number, if PAC	
Street Address 500 S. Front Street, ste 1200	Employer/Occupation/Labor Organization* Law Firm		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Michael J. Puckett				Registration Number, if PAC	
Street Address 27 W. Weber Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Plumbers & Pipefitters				Registration Number, if PAC #6220	
Street Address 1250 Kinnear Road	Employer/Occupation/Labor Organization* Labor Organization		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) check		Amount 132.00
Full Name of Contributor Greg C. Schultz				Registration Number, if PAC	
Street Address 672 1/2 N. High, apt 5	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) check		Amount 44.00

* 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

Total expenditures this event

Page Total \$ 515.00