Page	2
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						nimikisinisia kalentuu muutuu saasaa aa		
Citizens for Lori M. Tyack								
Full Name of Contributor			10		1 :075.4			
Sharon Autin				Registration Number, if PAC				
Street Address	Jr. 1 10					F (0.1		
	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2130 Iuka Ave		Best Effort			· · · · · · · · · · · · · · · · · · ·	Check		
City	State	Zip Code	М	D	Y	Amount	^ ^	
Columbus	O H	43201	1 0	Accessor and present the second	and the second second second		25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC		
Shirley Kramer					****************			
Street Address	1 ' '	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3167 Rock Fence Drive	Housev	Housewife				Chec	k	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43221	1 0	0 5	0 8		50.00	
Full Name of Contributor			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM	tion Num		Marie Company of the		
Abe Bahgat, Attorney At Law								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
338 South High St	Law Of	Law Office				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	$o \mid h$	43215	1 0	10	1		50.00	
Full Name of Contributor		10210	discharge de la constant de la const	tion Num	CONTRACTOR OF STREET		00.00	
Rosemary Pomeroy			, to Brown		001, 11 111			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cach	Check etc.)	
273 Heischman Lane	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City	State	Attorney State Zip Code			1 1/2		<u> </u>	
			M	D	Y	Amount	F0.00	
Worthington Full Name of Contributor	I O H	43085	10	any desired the second second second		<u> </u>	50.00	
			Registra	ition Num	ber, if PA	.C		
Robert J. Behal Law Offices, LL								
Street Address	l l	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
501 S High St	LLC					Chec	K	
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43215	0 9	2 9	0 8		150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	'C		
_								
Street Address Employer/Occupation/Labor Organization*						Form (Cash	Check, etc.)	
_								
City	State	Zip Code	М	D	Y	Amount		
		*	70000					
Full Name of Contributor	•		Registra	tion Num	ber, if PA	.С		
Street Address	Employer/Occup	oation/Labor Organization*	<u></u>	******************************		Form (Cash	Check, etc.)	
		-						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Num	her if PA			
	No 31 E		registra	mon rum	001, 11 1 7			
Total Contributions from Form No. 31-E treet Address Employer/Occupation/Labor Organization*						Form (Carl	Choole at)	
Direct / tadioss	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	67-77	Zi- C-d-	1 1 1	T 5	1 37		····	
City	State	Zip Code	M	D	Y	Amount	4 505 00	
		l	1				4,525.00	

Page Total \$ 4,850.00

^{*} 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)]