

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 Robert G. Nolan				Registration Number, if PAC	
Street Address 3884 Norbrook Drive	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash, Check, etc) check	
Full Name of Contributor James M. Schottenstein				Registration Number, if PAC	
Street Address 2300 Commonwealth Park N.	Employer/Occupation/Labor Organization* self		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43209	Amount 150.00	Form(Cash, Check, etc) check	
Full Name of Contributor Citizens for Rankin				Registration Number, if PAC	
Street Address 545 E. Town Street	Employer/Occupation/Labor Organization* Campaign Account		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash, Check, etc) check	
Full Name of Contributor Matthew Lee Davenport				Registration Number, if PAC	
Street Address 2165 Jade Street	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2
City Grove City	State O	Zip Code 43123	Amount 100.00	Form(Cash, Check, etc) check	
Full Name of Contributor Matthew J. Pendy				Registration Number, if PAC	
Street Address 3989 Bluebird Court	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2
City Westerville	State O	Zip Code 43081	Amount 50.00	Form(Cash, Check, etc) check	
Full Name of Contributor David W. Petikas				Registration Number, if PAC	
Street Address 6166 Jeffrelyn Drive	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2
City Hilliard	State O	Zip Code 43026	Amount 50.00	Form(Cash, Check, etc) check	
Full Name of Contributor Daniel J. Hoyer				Registration Number, if PAC	
Street Address 85 S. Roys Avenue	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 4	Y 2
City Columbus	State O	Zip Code 43204	Amount 100.00	Form(Cash, Check, etc) check	

* 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 \$ 650.00