

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens to Elect Lori M. Tyack							
Full Name of Contributor Harold Benny				Registration Number, if PAC			
Street Address 342 S High St		Employer/Occupation/Labor Organization* Chuck Brown Bail Bonds		M 0	D 9	Y 10	Amount 125.00
City Columbus		State O H	Zip Code 43215-4510	Form(Cash,Check,etc) Cash			
Full Name of Contributor Aggregate Contributions of Under \$25 each				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 0	D 9	Y 10	Amount 475.00
City		State O H	Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor Mark Dempsey				Registration Number, if PAC			
Street Address 1305 Westwood Avenue		Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 10	Amount 125.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Dennis Johnson, Jr.				Registration Number, if PAC			
Street Address 56 Langtree Dr.		Employer/Occupation/Labor Organization* Capital Recovery		M 1	D 2	Y 10	Amount 2,000.00
City Pickerington		State O H	Zip Code 43147-8185	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael O'Grady				Registration Number, if PAC			
Street Address 471 E. Broad St., Ste. 2001		Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 10	Amount 125.00
City Columbus		State O H	Zip Code 43215-3842	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael E. Rankin				Registration Number, if PAC			
Street Address 2432 Wyncourtney Ct.		Employer/Occupation/Labor Organization* Assist. Sec. of State		M 0	D 9	Y 10	Amount 100.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Sujatha Nair				Registration Number, if PAC			
Street Address 298 Beckley Lane		Employer/Occupation/Labor Organization* 3SG Owner		M 0	D 9	Y 10	Amount 500.00
City Dublin		State O H	Zip Code 43017-1346	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

6,990.00

Total expenditures this event

2462.91

Page Total \$ 3,450.00