

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 Chester, Wilcox and Saxbe			Registration Number, if PAC OH843				
Street Address 65 E. State Street, Ste 1000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	0
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check		250.00	
Full Name of Contributor Huntington National Bank							
Street Address P. O. Box 1558			Registration Number, if PAC				
Street Address P. O. Box 1558		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2	1
City Columbus		State O H	Zip Code 43216	Form(Cash,Check,etc) check		1,000.00	
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* 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 \$ 1,250.00