

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 Myrtle Bradley			Registration Number, if PAC			
Street Address 433 Ridgedale Drive North	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	9	2	44.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) check			
Full Name of Contributor Abe Bahgat			Registration Number, if PAC			
Street Address 338 S. High Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	3	44.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor J. Stephen Bennett			Registration Number, if PAC			
Street Address 335 Waltham	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	3	44.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) check			
Full Name of Contributor Cynthia Brim			Registration Number, if PAC			
Street Address 2405 McCutcheon Road	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	2	88.00
City Columbus	State O H	Zip Code 43219	Form(Cash,Check,etc) check			
Full Name of Contributor Mary Jo Cusak			Registration Number, if PAC			
Street Address 7140 N. High St, Ste 210	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	3	44.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) check			
Full Name of Contributor Gregory Finnerty			Registration Number, if PAC			
Street Address 6013 Roundtower Lane	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	3	144.00
City Columbus	State O H	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Nathan Gordon			Registration Number, if PAC			
Street Address 2485 E. Broad Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	3	44.00
City Columbus	State O H	Zip Code 43209	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 \$ 452.00