31-E
R C 3517 10(B)

Event Date 11/12/09
Page 1

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			**Registration Number, if PAC**					
Portman, Foley & Flint LLP (Frederic A. Portman)								
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
471 E Broad St , Suite 1820	Attorney		11	12	09	100.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Columbus	OH	43215	Check					
Full Name of Contributor			**Registration Number, if PAC**					
Plumbers & Pipefitters L.U 189			PCE 6220					
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
1250 Kinnear Rd.	Labor Organization		11	12	09	100.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Columbus	OH	43212	Check					
Full Name of Contributor			**Registration Number, if PAC**					
Frick, Preston & Associates, LLC (Bradley N. Frick)								
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
1265 Neil Avenue	Attorney		11	12	09	50.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Columbus	OH	43201	Check					
Full Name of Contributor			**Registration Number, if PAC**					
S.M.D./H L.S. Bonding Co. LLC (John Handler)								
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
571 South High St.	Bondsmen		11	12	09	200.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Columbus	OH	43215	Check					
Full Name of Contributor			**Registration Number, if PAC**					
Chuck Brown II Bail Bonds LLC								
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
342 S. High St.	Bondsmen		11	12	09	100.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Columbus	OH	43215-4510	Check					
Full Name of Contributor			**Registration Number, if PAC**					
Larry J. Hotchkiss								
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
1241 Dublin Rd.	Attorney		11	12	09	100.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Columbus	OH	43215	Check					
Full Name of Contributor			**Registration Number, if PAC**					
Craig W. Klein								
Street Address	**Employer/Occupation/Labor Organization***		M	D	Y	**Amount**		
5220 Harbor Pointe Dr.	Pres., Capital Recovery		11	12	09	200.00		
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**					
Galena	OH	43021-9023	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 $ 850.00