31	-F
R.C.	3517 10

Event Date	9/5/07
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full David Tyack for Judge Committee							
To Whom Paid			M	D Y	Amount		
To Whom Paid Handke's Cuisine				0 5 0 7			
Address	Purpose	Ригроѕе					
520 South Front Street	food						
City	Sta te	State Zip Code					
Columbus	OH	OH 43215		1003			
To Whom Paid			М	DY	Amount		
Address	Purpose						
		7: 0:	124	hank			
City	· ·	State Zip Code		umber			
	OH				A		
To Whom Paid			M	DY	Amount		
Address	Purpose	Purpose					
City	State	Zip Code	Check N	umber			
	OH						
To Whom Paid			M	DY	Amount		
Address	Purpose						
City	State OH	Zip Code	Check Number				
To Whom Paid			M	D Y	Amount		
Address	Ригроѕе						
City	Sta te	Zip Code	Check N	lumber			
	ОН						
To Whom Paid			М	D Y	Amount		
Address	Рштроѕе		I	<u> </u>			
City	State	Zip Code	Check Number				
	ОН			D W	Amount		
To Whom Paid			M	D Y	Amount		
Address	Purpose						
City	State	Zip Code	Check Number				
City	OH		Jacob I				
			_ 	,,			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$639.34
Page Total \$ _____