Event Date	05/09/09
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	retary of State 3/05	Acceptance and the second		Salaran and American		
Name of Committee in Full							
Citizens for Lori M. Tyack						-	
Full Name of Contributor					ber, if PA	·C	
David Pariser	In		M	D	Y	Amount	
Street Address		Employer/Occupation/Labor Organization* Collections Company		$\begin{vmatrix} 0 \\ 0 \end{vmatrix} 9$,	9	100.00
Best Effort	Collectio State	ns Company Zip Code		sh,Check			100.00
^{City} Columbus		Best Effort	l'orm(Ca	Cash			
Full Name of Contributor		O H Best Effort		Registration Number, if PAC			
Jim Repdall					•		
Street Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount	
Best Effort		Senior Sales Engineer		0 9	0 9		80.00
City	State	State Zip Code		ash,Checl			
Columbus	OH	Best Effort		Cash	CONTROL CONTRO		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Total Employee Contribution:	s from Form No. 31-0	G		1 -	1 57	1.	
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount	1,995.00
City	State	Zip Code	Form(C	ash,Chec	c,etc)		
Full Name of Contributor		<u> </u>	Registra	ntion Nun	ber, if PA	AC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	etc)	
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	State Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	Cash,Chec	k,etc)		
Full Name of Contributor	<u> </u>		Registr	ation Nur	nber, if P	AC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	
		Zip Code		Cash, Chec	, , -	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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event			
4.525.00	694.60			

^{*} 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)]