Stater	ment of	f Co	ntribu	utions	Rec	eived
at a	<b>Social</b>	or F	und-	Raisin	g E	vent

Event Date	10/11/07
Page 1	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
David Tyack for Judge Committee			
Full Name of Contributor	Registration Number, if PAC		
Jeffrey A. Brown			
Street Address 580 South High St., Ste. 200	Employer/Occupa	tion/Labor Organization*	M D Y Amount 1 0 1 1 0 7 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
James Wilmore Brown			
Street Address 580 South High St., Ste. 200			M D Y Amount 1 0 1 1 0 7 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Rebecca Gooch			
Street Address	et Address Employer/Occupation/Labor Organization*		M D Y Amount
4878 Berry leaf Pl.			1 0 1 1 0 7 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	
Full Name of Contributor			Registration Number, if PAC
John Galasso			M D Y Amount
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount 1 0 1 1 0 7 \$100.00
2229 Bluehill Ln.	Sta te	Zip Code	Form (Cash, Check, etc.)
City City	OH	43123	cash
Grove City Full Name of Contributor	OH	40120	Registration Number, if PAC
Eric Hoffman			
Street Address 338 South High St.	Employer/Occupa	ation/Labor Organization*	1 0 1 1 0 7 Amount \$50.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Stal te	Zip Code	Form (Cash, Check, etc.)

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

in the date column				
Total contributions this event	Total expenditures this event.			
\$300.00	\$0.00	Page Total \$ \$300.00		

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 also appear. [R.C. 3517.10(B)(4)]