Event Date	8/17/07	
Page 1	***************************************	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				esservició y constructo	***************************************	
Name of Committee in Full David Tyack for Judge Committee						
To Whom Paid			M	D.	Y	Amount
David B. Tyack					0 8	\$1,427.31
Address	Purpose					
8349 Autumnwood Way		e invitations & food	for 8/17/07 fund	raiser	and p	arade candy
City	State	Zip Code	Check Number			
Dublin	OH	43017	1011			想 数据
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	umber		
	OH			deministration	rhianiônômpana.	
To Whom Paid			M	D	Y	Amount
A 31	Durmaga				<u></u>	
Address	Purpose					
City	Sta te	Zip Code	Check N	umber		
City	ОН	and a second				
To Whom Paid	1011		M	D.	Y	Amount
Address	Purpose			<u> </u>	<u> </u>	
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
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Address	Purpose					
0.	Ctata	Zin Codo	Check N			
City	State OH	Zip Code	Check N	umbei		
To Whom Paid			M	D	Y	Amount
TO WHOM I ald						
Address	Purpose			L	1	
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	umber		
	ОН			Carlos Constitución		

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.

\$1,427.31
Page Total \$