

Event Date 4-26-07Page 1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		Registration Number, if PAC	Amount
Citizens for Lori Tyack					
Full Name of Contributor					
Kravitz, Brown & Dortch					
Street Address		Employer/Occupation/Labor Organization*		M	D
145 E. Rich Street		Law Office		0	4
City	State	Zip Code	Y	0	7
Columbus	O	H	43215	check	100.00
Form(Cash, Check, etc)					
check					
Registration Number, if PAC					
Full Name of Contributor					
Samuel B. Weiner					
Street Address		Employer/Occupation/Labor Organization*		M	D
743 S. Front Street		self		0	4
City	State	Zip Code	Y	1	4
Columbus	O	H	43206	check	50.00
Form(Cash, Check, etc)					
check					
Registration Number, if PAC					
Full Name of Contributor					
Kemp, Schaeffer, Rowe & Lardiere					
Street Address		Employer/Occupation/Labor Organization*		M	D
88 West Mound Street		Law Office		0	4
City	State	Zip Code	Y	1	1
Columbus	O	H	43215	check	100.00
Form(Cash, Check, etc)					
check					
Registration Number, if PAC					
Full Name of Contributor					
Clark, Perdue, Arnold & Scott					
Street Address		Employer/Occupation/Labor Organization*		M	D
471 E. Broad Street, Ste 1400		Law Office		0	4
City	State	Zip Code	Y	1	7
Columbus	O	H	43215	check	500.00
Form(Cash, Check, etc)					
check					
Registration Number, if PAC					
Full Name of Contributor					
Blumenstiel, Huhn & Adams					
Street Address		Employer/Occupation/Labor Organization*		M	D
261 W Johnstown Road		Law Office		0	4
City	State	Zip Code	Y	2	0
Gahanna	O	H	43230	check	50.00
Form(Cash, Check, etc)					
check					
Registration Number, if PAC					
Full Name of Contributor					
William W. Lamkin					
Street Address		Employer/Occupation/Labor Organization*		M	D
500 S. Front St., Ste 200		self		0	4
City	State	Zip Code	Y	1	9
Columbus	O	H	43215	check	100.00
Form(Cash, Check, etc)					
check					
Registration Number, if PAC					
Full Name of Contributor					
Kenneth Peltier					
Street Address		Employer/Occupation/Labor Organization*		M	D
4065 Saturn Road		City of Columbus		0	4
City	State	Zip Code	Y	2	4
Hilliard	O	H	43026	check	100.00
Form(Cash, Check, etc)					
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 \$ 1,000.00