Event Date	10-02-08
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec.	retary of State 3/05	NAME OF THE OWNER O	***************************************			
Name of Committee in Full	-						
Citizens for Lori Tyack			<del></del>	nergania de la companya de la compa	5.77540000000000000000000000000000000000		
Full Name of Contributor				Registration Number, if PAC			
Myrtle Bradley							
Street Address	Employer/Occupa	M D	1 8	Amount			
433 Ridgedale Dr. N.	Retired		0 9 2 4			50.00	
City	State Zip Code		Form(Cash,Che				
Worthington	OH	43085	Che				
Full Name of Contributor			Registration Nu	mber, if PA	С		
Parbara Jamesson							
Street Address	Employer/Occupation/Labor Organization*		M D	1 8	Amount		
1020 Circle on the Green	Best Effc	ort	0 9 2 5			50.00	
City	State	Zip Code	Form(Cash,Che				
Columbus	$O \mid H$	43235	Che	ck			
Full Name of Contributor			Registration Nu	mber, if PA	С		
Bradley Bennett							
Street Address	Employer/Occupa	ntion/Labor Organization*	M D	Y	Amount		
3050 Avalon Rd	Realtor		0 9 2 3	5 0 8		200.00	
City	State	Zip Code	Form(Cash,Che				
Columbus	$O \mid H$	43221	Che	ck			
Full Name of Contributor			Registration Number, if PAC				
Larry Hotchkiss							
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount		
1241 Dublin Rd.	Attornev		0 9 2	9 0 8		100.00	
City	State	State Zip Code		Form(Cash,Check,etc)			
Columbus	$O \mid H$	43215	Che	Check			
Full Name of Contributor Registration Number, if PAC							
Bruce Weston							
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount		
PO Box 163338	Ohio Consumers Counsel		0 9 1	6 0 8		50.00	
City	State	Zip Code	Form(Cash,Che	ck,etc)			
Columbus	O H 43216		Check				
Full Name of Contributor			Registration Number, if PAC				
SMD/HLS Bonding Co (Jon Handler)							
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y	Amount		
571 South High St	LLC (Surety Underwriter)		0 9 2	4   0   8		200.00	
City	State	Zip Code	Form(Cash,Che				
Columbus	O H 43215		Check				
Full Name of Contributor			Registration Number, if PAC				
Blaise Baker							
Street Address	Employer/Occupa	M D	Y	Amount			
600 South High Street	Attorney/Self-Employed		0 9 2	2 0 8		50.00	
City	State Zip Code		Form(Cash,Check,etc)				
Columbus	ОН	43215	Che				
					.nc.cs.32222333		

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	
		Page Total \$
7.915.00	1.901.25	

<sup>\*</sup> 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)]