

# Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

07 DEC 14 PM 12: 52

Full Name of Committee <b>David Tyack for Judge Committee</b>		Registration Number, if PAC <b>BOARD OF ELECTIONS</b>	
Full Name of Candidate <b>David B. Tyack</b>			
Street Address <b>260 North Cassady Ave.</b>		Office Sought <b>Municipal Court</b>	District <b>Franklin Co</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination		<input type="checkbox"/>
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	1 <sup>M</sup> 1 <sup>D</sup> 0 <sup>Y</sup> 6 0 7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$3,591.69
2. Total monetary contributions (From Form No. 31-A)	\$	\$23,625.00
3. Total other income (From Form No. 31-A-2)	\$	\$6,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$33,216.69
5. Total monetary expenditures (From Form No. 31-B)	\$	\$31,859.25
6. Balance on hand (line 4 minus line 5)	\$	\$1,357.44
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$517.50
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$6,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$0.00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Suzanne E. Marshall, Treasurer

*Suzanne E. Marshall*  
Signature

12/14/07  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 1

Expenditure pages 1

Other pages 5

Total pages 7

David Tyack for Judge Committee  
Statement of Contributions Received

FIRST NAME	MI	LAST NAME	CONTRIBUTING ENTITY	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIBUTION	DATE OF CONTRIBUTION	AMOUNT	EVENT DATE
Stephen	A.	Moyer	Vovys Sater Seymour & Pease PAC	OH108	52 East Gay St.	Columbus	OH	43215		check	10/24/2007	2000.00	10/18/2007
Steven	Lee	Smith	Reminger & Reminger Ohio PAC	CP485	9 East Kossuth St.	Columbus	OH	43206		check	10/24/2007	100.00	10/18/2007
William	S.	Friedman			101 Prospect Ave., W.	Cleveland	OH	44115		check	10/24/2007	250.00	10/18/2007
William	S.	Ireland			261 South Front Street	Columbus	OH	43215		check	10/24/2007	100.00	10/18/2007
Jeffrey		Spence			76 Ashbourne Rd.	Bexley	OH	43209		check	10/24/2007	100.00	10/18/2007
J. Scott		Weisman			1188 South High St.	Columbus	OH	43206		check	10/24/2007	100.00	10/18/2007
John	J.	Mackinnon			1188 South High St.	Columbus	OH	43206	Self/Attorney	check	10/24/2007	250.00	10/18/2007
Joshua	A.	Berkowitz			601 South High St., 1st Floor	Columbus	OH	43215		check	10/24/2007	50.00	10/18/2007
Avey		Colburn			501 South High St.	Columbus	OH	43215		check	10/24/2007	50.00	10/18/2007
Robin		Sith			1214 West 7th Ave. #C	Columbus	OH	43212		cash	10/24/2007	50.00	10/18/2007
Charles	C.	Postlewaite			1766 East Kenworth Rd.	Columbus	OH	43224		cash	10/24/2007	50.00	10/18/2007
					13 East Kossuth St.	Columbus	OH	43206		cash	10/24/2007	100.00	10/18/2007
					3040 Riverside Dr., Suite 122	Columbus	OH	43221	Self/Attorney	check	10/24/2007	250.00	10/18/2007
					100 South Third St.	Columbus	OH	43215		check	10/27/2007	250.00	10/18/2007
					65 East State St., Ste. 1000	Columbus	OH	43215		check	10/27/2007	250.00	10/18/2007
					14 East Gay St., 2nd Floor	Columbus	OH	43215		check	10/30/2007	13600.00	10/18/2007
					713 South Front St.	Columbus	OH	43206		check	10/30/2007	200.00	10/18/2007
					14 East Gay St., 2nd Floor	Columbus	OH	43215		check	11/2/2007	5000.00	10/18/2007
					713 South Front St.	Columbus	OH	43206		check	11/8/2007	50.00	10/18/2007
					250 West Broad St.	Columbus	OH	43215	Isaac, Brant, Ledman & Teetor LLP	check	11/21/2007	500.00	10/18/2007
					88 West Main St.	Columbus	OH	43215		check	11/30/2007	250.00	10/18/2007
					P.O. Box 282220	Columbus	OH	43228	Angel Tax Service	check		150.00	
									TOTAL			23625.00	

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>David Tyack for Judge Committee</b>						Registration Number, if PAC					
Full Name <b>David B. Tyack</b>				Type* <b>LN</b>		M	D	Y	Amount <b>\$6,000.00</b>		
Address <b>8349 Autumnwood Way</b>		State <b>OH</b>		Zip Code <b>43017</b>		<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>7</b>
City <b>Dublin</b>		Form (Cash, Check, etc.) <b>check</b>									
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											
Full Name						Registration Number, if PAC					
Address				Type* <b>RE</b>		M	D	Y	Amount		
City		State <b>OH</b>		Zip Code							
Form (Cash, Check, etc.)											

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

**6,000.00**  
Page Total \$ \_\_\_\_\_

David Tyack for Judge Committee  
Statement of Expenditures

FIRST NAME	LAST NAME	BUSINESS	ADDRESS	CITY	STATE	ZIP	DATE OF EXPENDITURE	AMOUNT	PURPOSE
		Stark & Associates	4448 Broadway	Grove City	OH	43123	10/24/2007	3859.25	Yard Signs
		Midwest Communication & Media	49 South Grant Ave.	Columbus	OH	43215	10/30/2007	17000.00	Media Buy
		Midwest Communication & Media	49 South Grant Ave.	Columbus	OH	43215	10/31/2007	6000.00	Media Buy
		Midwest Communication & Media	49 South Grant Ave.	Columbus	OH	43215	11/2/2007	5000.00	Media Buy
							TOTAL	31859.25	

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>David Tyack for Judge Committee</b>			
Full Name of Contributor <b>Franklin County Republican Party</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>14 East Gay St., 2nd Floor</b>	Description of Item or Service <b>Accounting Services</b>	M   D   Y <b>1   2   0   3   0   7</b>	Fair Market Value <b>\$517.50</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>David Tyack for Judge Committee</b>													
From Whom Received <b>David B. Tyack</b>								Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$6,000.00</b>			
Address <b>8349 Autumnwood Way</b>										Outstanding Balance <b>\$6,000.00</b>			
City <b>Dublin</b>		St ate <b>OH</b>		Zip Code <b>43017</b>		Loans Received This Period			Payments This Period				
						Date		Amount	Date		Amount		
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>		<b>1 0</b>		<b>3 0</b>		<b>0 7</b>		<b>\$6,000.00</b>					
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		St ate		Zip Code		Loans Received This Period			Payments This Period				
		<b>OH</b>				Date		Amount	Date		Amount		
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		St ate		Zip Code		Loans Received This Period			Payments This Period				
		<b>OH</b>				Date		Amount	Date		Amount		
						M	D	Y	\$	M	D	Y	\$
<b>Date Loan was originally Incurred</b>													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \$0.00

<sup>2</sup> Total received this period \$ \$6,000.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ \$6,000.00 (To Form No. 30-A)