

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

07 OCT 25 PM 1:11

Full Name of Committee David Tyack for Judge Committee						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS					
Full Name of Candidate David Tyack											
Street Address 260 North Cassady Ave.						Office Sought Municipal Court			District Franklin Co		
City Columbus						State OH		Zip Code 43209			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
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	M	1	0	D	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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$12,913.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$12,913.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,321.31
6. Balance on hand (line 4 minus line 5)	\$	\$3,591.69
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
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)	\$	\$0.00
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.	\$	

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

10/25/07
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 13

Expenditure pages 2

Other pages 4

Total pages 19

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
David Tyack for Judge Committee							
To Whom Paid				M	D	Y	Amount
Grove City Girls Club				0	8	2 0 0 7	\$100.00
Address		Purpose					
4350 Lynn Circle		parade fee					
City	State	Zip Code	Check Number				
Grove City	OH	43123	1000				
To Whom Paid				M	D	Y	Amount
Sign-A-Rama				0	8	2 9 0 7	\$166.02
Address		Purpose					
39 East Gay St.		banner					
City	State	Zip Code	Check Number				
Columbus	OH	43215	1001				
To Whom Paid				M	D	Y	Amount
Mike Elicson				0	8	2 9 0 7	\$396.00
Address		Purpose					
P.O. Box 361212		brochures/bookmarks					
City	State	Zip Code	Check Number				
Columbus	OH	43236	1002				
To Whom Paid				M	D	Y	Amount
Fifth Third Bank				0	8	1 5 0 7	\$19.95
Address		Purpose					
P.O. Box 630900		check printing fee					
City	State	Zip Code	Check Number				
Cincinnati	OH	45263					
To Whom Paid				M	D	Y	Amount
Clear Channel Communications				1	0	0 1 0 7	\$8,000.00
Address		Purpose					
2323 West Fifth Ave.		billboards					
City	State	Zip Code	Check Number				
Columbus	OH	43204	1004				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full David Tyack for Judge Committee									
To Whom Paid Handke's Cuisine						M	D	Y	Amount \$639.34
Address 520 South Front Street						Purpose food			
City Columbus		State OH	Zip Code 43215		Check Number 1003				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City		State OH	Zip Code		Check Number				

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.

\$639.34
Page Total \$ _____

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee						
Full Name of Contributor Philip M. Collins					Registration Number, if PAC	
Street Address 21 East State St., Ste. 930		Employer/Occupation/Labor Organization* Philip M. Collins & Associates/Atty			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 0	Amount \$500.00
Full Name of Contributor Paul Scott					Registration Number, if PAC	
Street Address 536 South High St.		Employer/Occupation/Labor Organization* Paul Scott Co., L.P.A./Atty			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount \$1,000.00
Full Name of Contributor Howard E. Baumwell					Registration Number, if PAC	
Street Address 211 East Livingston Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor Lloyd D. Cohen					Registration Number, if PAC	
Street Address 2429 Beverly place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor Vincent T. Catalogna					Registration Number, if PAC	
Street Address P.O. Box 12156		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 2	Amount \$250.00
Full Name of Contributor Ana Moly					Registration Number, if PAC	
Street Address 920 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43206	M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor Jeffrey G. Thompson					Registration Number, if PAC	
Street Address 601 South High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Raymond J. Mularski					Registration Number, if PAC	
Street Address 107 West Johnston Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2	Amount \$50.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee							
Full Name of Contributor Michael R. Reed					Registration Number, if PAC		
Street Address 41 South High St., Ste. 3500			Employer/Occupation/Labor Organization* Zeiger, Tigges & Little, LLP/Atty			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1 3 0 7	Amount \$100.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount

* 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)]

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
David Tyack for Judge Committee							
Full Name of Contributor Dennis W. McNamara				Registration Number, if PAC			
Street Address 3966 Fairlington Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check			
Full Name of Contributor Douglas A. Funkhouser				Registration Number, if PAC			
Street Address 1560 Vanelm St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$100.00
City Columbus		State OH	Zip Code 43228	Form (Cash, Check, etc.) check			
Full Name of Contributor George C. Georgeff				Registration Number, if PAC			
Street Address 107 Granville St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check			
Full Name of Contributor Susan M. Lantz				Registration Number, if PAC			
Street Address 909 Schillingwood Dr.		Employer/Occupation/Labor Organization* Self/Attorney		M	D	Y	Amount
				0	7	26	\$250.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check			
Full Name of Contributor Michael J. Holbrook				Registration Number, if PAC			
Street Address 982 North 6th St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check			
Full Name of Contributor John H. Bates				Registration Number, if PAC			
Street Address 495 South High St., Ste. 400		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Roger M. Koeck				Registration Number, if PAC			
Street Address 6257 Emberwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Dublin		State OH	Zip Code 43017	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 also 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.

\$2,470.00

\$0.00

Page Total \$ **\$650.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
David Tyack for Judge Committee							
Full Name of Contributor Adam S. Eliot				Registration Number, if PAC			
Street Address 400 South Fifth St., Ste. 102		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Charles William McGowan				Registration Number, if PAC			
Street Address 601 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Self/Atty		0	7	26	\$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Kyle L. Hunter				Registration Number, if PAC			
Street Address 601 South High St., First Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Angela Albert Brown				Registration Number, if PAC			
Street Address 536 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Sean O. Boyle				Registration Number, if PAC			
Street Address 580 South High St., Ste. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor J. Scott Weisman				Registration Number, if PAC			
Street Address 600 South High St., First Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Self/Attorney		0	7	26	\$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Yavitch & Palmer Co., LPA				Registration Number, if PAC			
Street Address 511 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	26	\$500.00
City Columbus		State OH	Zip Code 43215	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 also 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.

\$2,470.00

\$0.00

Page Total \$ **\$1,100.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee							
Full Name of Contributor Tyack, Blackmore & Liston Co., L.P.A.				Registration Number, if PAC			
Street Address 536 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	\$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Tyler Brown				Registration Number, if PAC			
Street Address 373 South High St., 12th Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) cash			
Full Name of Contributor Donald Shartzler				Registration Number, if PAC			
Street Address 373 South High St., 12th Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	\$20.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) cash			
Full Name of Contributor Angela Albert Brown				Registration Number, if PAC			
Street Address 536 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) cash			
Full Name of Contributor Jeffrey A. Berndt				Registration Number, if PAC			
Street Address 575 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* 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)]

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.

\$2,470.00

\$0.00

Page Total \$ **\$720.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee					
Full Name of Contributor Donna M. Beck				Registration Number, if PAC	
Street Address 4596 Greyson Dr.		Employer/Occupation/Labor Organization*		M D Y 0 8 17 07	Amount \$50.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Matt Kelbick				Registration Number, if PAC	
Street Address 660 Everwood Ave.		Employer/Occupation/Labor Organization*		M D Y 0 8 17 07	Amount \$100.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Harvey R. Vesha				Registration Number, if PAC	
Street Address 4796 Inisheer Court		Employer/Occupation/Labor Organization* Self/Physician		M D Y 0 8 17 07	Amount \$500.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Marcia Tyack				Registration Number, if PAC	
Street Address 8323 Amberleigh Way		Employer/Occupation/Labor Organization*		M D Y 0 8 17 07	Amount \$100.00
City Columbus		State OH	Zip Code 43017	Form (Cash, Check, etc.) cash	
Full Name of Contributor Jane Roberts				Registration Number, if PAC	
Street Address 982 North 6th St.		Employer/Occupation/Labor Organization*		M D Y 0 8 17 07	Amount \$100.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) cash	
Full Name of Contributor Maira Holbrook				Registration Number, if PAC	
Street Address 982 North 6th St.		Employer/Occupation/Labor Organization*		M D Y 0 8 17 07	Amount \$38.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

* 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)]

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.

\$888.00

\$0.00

Page Total \$ **\$888.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee						Registration Number, if PAC					
Full Name of Contributor Charles C. Postlewaite				M		D		Y		Amount	
Street Address 3040 Riverside Dr., Ste. 122		Employer/Occupation/Labor Organization* Self/Attorney		0 9		0 5		0 7		\$250.00	
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check							
Full Name of Contributor Kristen E. Haskins						Registration Number, if PAC					
Full Name of Contributor Kristen E. Haskins				M		D		Y		Amount	
Street Address 4927 Snowy Creek Dr.		Employer/Occupation/Labor Organization* Self/Clinical Psychologist		0 9		0 5		0 7		\$200.00	
City Groveport		State OH	Zip Code 43123	Form (Cash, Check, etc.) check							
Full Name of Contributor Joseph E. Scott						Registration Number, if PAC					
Full Name of Contributor Joseph E. Scott				M		D		Y		Amount	
Street Address 35 East Livingston Ave.		Employer/Occupation/Labor Organization* Self/Physician		0 9		0 5		0 7		\$250.00	
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check							
Full Name of Contributor Jon Handler						Registration Number, if PAC					
Full Name of Contributor Jon Handler				M		D		Y		Amount	
Street Address 571 South High St.		Employer/Occupation/Labor Organization* S.M.D./H.L.S. Bonding Co.		0 9		0 5		0 7		\$250.00	
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check							
Full Name of Contributor James S. Mowery Jr.						Registration Number, if PAC					
Full Name of Contributor James S. Mowery Jr.				M		D		Y		Amount	
Street Address 425 Metro Place N., Ste. 420		Employer/Occupation/Labor Organization* Law Office of Mowery & Y		0 9		0 5		0 7		\$250.00	
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check							
Full Name of Contributor Vincent A. Dugan						Registration Number, if PAC					
Full Name of Contributor Vincent A. Dugan				M		D		Y		Amount	
Street Address 500 South Fourth St.		Employer/Occupation/Labor Organization* Self/Attorney		0 9		0 5		0 7		\$500.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check							
Full Name of Contributor Samuel H. Shamansky						Registration Number, if PAC					
Full Name of Contributor Samuel H. Shamansky				M		D		Y		Amount	
Street Address 511 South High St.		Employer/Occupation/Labor Organization* Self/Attorney		0 9		0 5		0 7		\$500.00	
City Columbus		State OH	Zip Code 43215	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 also 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

\$6,300.00

Total expenditures this event.

\$639.34

Page Total \$ **\$2,200.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee						
Full Name of Contributor Ben Luftman				Registration Number, if PAC		
Street Address 2 Miranova Place, Ste. 380		Employer/Occupation/Labor Organization* Luftman, Heck & Assoc./A		M	D	Y
City Columbus		State OH	Zip Code 43215	0	9	0
				5	0	7
				Amount \$250.00		
				Form (Cash, Check, etc.) check		
Full Name of Contributor Kathryn Koch						
Full Name of Contributor Kathryn Koch				Registration Number, if PAC		
Street Address 59 West Livingston Ave.		Employer/Occupation/Labor Organization* Koch & Assoc.		M	D	Y
City Columbus		State OH	Zip Code 43215	0	9	0
				5	0	7
				Amount \$250.00		
				Form (Cash, Check, etc.) check		
Full Name of Contributor Gerald G. Simmons						
Full Name of Contributor Gerald G. Simmons				Registration Number, if PAC		
Street Address 330 South High St.		Employer/Occupation/Labor Organization* Self/Physician		M	D	Y
City Columbus		State OH	Zip Code 43219	0	9	0
				5	0	7
				Amount \$250.00		
				Form (Cash, Check, etc.) check		
Full Name of Contributor James P. O'Grady						
Full Name of Contributor James P. O'Grady				Registration Number, if PAC		
Street Address 9231 Echo Hill Ct.		Employer/Occupation/Labor Organization* Franklin County		M	D	Y
City Columbus		State OH	Zip Code 43240	0	9	0
				5	0	7
				Amount \$250.00		
				Form (Cash, Check, etc.) check		
Full Name of Contributor David A. Goldstein						
Full Name of Contributor David A. Goldstein				Registration Number, if PAC		
Street Address 150 South Roosevelt		Employer/Occupation/Labor Organization* Self/Attorney		M	D	Y
City Bexley		State OH	Zip Code 43209	0	9	0
				5	0	7
				Amount \$250.00		
				Form (Cash, Check, etc.) check		
Full Name of Contributor Mark C. Collins						
Full Name of Contributor Mark C. Collins				Registration Number, if PAC		
Street Address 492 South High St., 3rd Floor		Employer/Occupation/Labor Organization* Self/Attorney		M	D	Y
City Columbus		State OH	Zip Code 43215	0	9	0
				5	0	7
				Amount \$250.00		
				Form (Cash, Check, etc.) check		
Full Name of Contributor Charley Hess						
Full Name of Contributor Charley Hess				Registration Number, if PAC		
Street Address 7211 Sawmill Rd., Ste. 200		Employer/Occupation/Labor Organization* Self/Attorney		M	D	Y
City Dublin		State OH	Zip Code 43016	0	9	0
				5	0	7
				Amount \$250.00		
				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 also 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
\$6,300.00

Total expenditures this event.
\$639.34

Page Total \$ **\$1,750.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
David Tyack for Judge Committee							
Full Name of Contributor William S. Ireland		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1188 South High St.		Self/Attorney		0	9	0507	\$250.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check			
William M. Midian							
Street Address 523 1/2 South Fifth St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	9	0507	\$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check			
Jeffrey A. Grossman							
Street Address 2696 Fair Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43209	0	9	0507	\$250.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check			
Michael J. Holbrook							
Street Address 982 North 6th St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43201	0	9	0507	\$100.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check			
Ryan M. Scott							
Street Address 115 West Main St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	9	0507	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Jo E. Kaiser							
Street Address 2103 Scenic Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Lancaster		State OH	Zip Code 43130	0	9	0507	\$100.00
City Lancaster		State OH	Zip Code 43130	Form (Cash, Check, etc.) check			
Jon Saia							
Street Address 713 South Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	9	0507	\$250.00
City Columbus		State OH	Zip Code 43206	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 also 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

\$6,300.00

Total expenditures this event.

\$639.34

Page Total \$ 1,100.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee					
Full Name of Contributor Bradley P. Koffel				Registration Number, if PAC	
Street Address 2130 Arlington Ave.		Employer/Occupation/Labor Organization* Koffel & Jump/Partner		M D Y 0 9 0 5 0 7	Amount \$1,000.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Shawn R. Dominy				Registration Number, if PAC	
Street Address 500 West Wilson Bridge Rd., Ste. 110		Employer/Occupation/Labor Organization* Self/Atty		M D Y 0 9 0 5 0 7	Amount \$250.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

* 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)]

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
\$6,300.00

Total expenditures this event
\$639.34

Page Total \$ **\$1,250.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full David Tyack for Judge Committee						Registration Number, if PAC	
Full Name of Contributor Robert J. Beggs						Registration Number, if PAC	
Street Address 8221 Milhouse Lane		Employer/Occupation/Labor Organization* Self/Attorney		M	D	Y	Amount
City Dublin		State OH	Zip Code 43016	0	9	26	\$100.00
Form (Cash, Check, etc.) check							
Full Name of Contributor Michael N. Oser						Registration Number, if PAC	
Street Address 35 East Livingston Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	9	26	\$50.00
Form (Cash, Check, etc.) check							
Full Name of Contributor Jon Handley						Registration Number, if PAC	
Street Address 571 South High St.		Employer/Occupation/Labor Organization* S.M.D./H/L/S/ Bonding		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	9	26	\$70.00
Form (Cash, Check, etc.) check							
Full Name of Contributor Jerome Goldman						Registration Number, if PAC	
Street Address 5350 East Main St.		Employer/Occupation/Labor Organization* Goldman & Rosenthal		M	D	Y	Amount
City Columbus		State OH	Zip Code 43213	0	9	26	\$35.00
Form (Cash, Check, etc.) check							
Full Name of Contributor Avey Colburn						Registration Number, if PAC	
Street Address 1766 East Kenworth Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43224	0	9	26	\$50.00
Form (Cash, Check, etc.) cash							
Full Name of Contributor Adrian Rossi						Registration Number, if PAC	
Street Address 1726 nature Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43017	0	9	26	\$35.00
Form (Cash, Check, etc.) cash							
Full Name of Contributor Franklin County Forum						Registration Number, if PAC	
Street Address 1378 Havant Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43054	0	9	26	\$25.00
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 also 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.

\$655.00

\$0.00

Page Total \$ **\$365.00**

Statement of Contributions Received at a Social or Fund-Raising Event

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			
Vicky J. Basham							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
939 Wedgewood Dr.				0	9	26	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43228	check			
Full Name of Contributor				Registration Number, if PAC			
Joseph R. Landusky II							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
901 South High St.				0	9	26	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	check			
Full Name of Contributor				Registration Number, if PAC			
Robb D. Beck							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4596 Greyson Dr.				0	9	26	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Powell		OH	43065	check			
Full Name of Contributor				Registration Number, if PAC			
Timothy D. Brewer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3677 Indianola Ave., Spt. C6				0	9	26	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43214	check			
Full Name of Contributor				Registration Number, if PAC			
Greg Slimmer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
373 South High St.				0	9	26	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* 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)]

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.

\$655.00

\$0.00

Page Total \$ 290.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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

* 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)]

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.

\$300.00

\$0.00

Page Total \$ 300.00
