

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

09 DEC 11 AM 11:09

Full Name of Committee David Tyack for Judge Committee						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS					
Full Name of Candidate David B. Tyack											
Street Address 260 North Cassady Ave.				Office Sought Municipal Court Judge			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 type="checkbox"/>	Pre-General	<input checked="" 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	3	0 ^Y	9

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	\$	\$9,855.13
2. Total monetary contributions (From Form No. 31-A)	\$	\$50.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$9,905.13
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,850.00
6. Balance on hand (line 4 minus line 5)	\$	\$55.13
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
Print Name and Title (Treasurer and Deputy Treasurer only)

Suzanne E. Marshall
Signature

12/11/2009
Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

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 Bradley K. Sinnott							Registration Number, if PAC		
Street Address 52 East Gay Street				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 2 2 0 9	Amount \$50.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full David Tyack for Judge Committee													
To Whom Paid Franklin County Republican Party							M	D	Y	Amount			
							1	0	2	7	0	9	\$9,850.00
Address 14 East Gay St., 2nd Floor				Purpose Contribution									
City Columbus		State OH		Zip Code 43215		Check Number 1015							
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount			
Address													
City							State OH		Zip Code		Check Number		