

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

\$639.34Page Total \$ **\$1,750.00**