

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 Vorys Sater Seymour & Pease LLP Advocates for Effective Government						Registration Number, if PAC OH108	
Street Address 52 E. Gay St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 1 5	Amount \$2,000.00	
Full Name of Contributor Lewis T. Dye						Registration Number, if PAC	
Street Address 555 South Third St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0 2 1 5	Amount \$100.00	
Full Name of Contributor Vincent A. Dugan Jr.						Registration Number, if PAC	
Street Address 923 E. Broad St.			Employer/Occupation/Labor Organization* self/Vincent A. Dugan/Attorney at Law			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43205	M 1	D 0	Y 0 2 1 5	Amount \$250.00	
Full Name of Contributor David P. Rieser						Registration Number, if PAC	
Street Address 502 South Third St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 4 1 5	Amount \$100.00	
Full Name of Contributor Larry W. Thomas						Registration Number, if PAC	
Street Address 98 Hamilton Park Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43203	M 1	D 0	Y 1 4 1 5	Amount \$100.00	
Full Name of Contributor Gladys Thomas						Registration Number, if PAC	
Street Address 98 Hamilton Park Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43203	M 1	D 0	Y 1 4 1 5	Amount \$100.00	
Full Name of Contributor total from form 31E 8/20 fundraiser						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount \$7,435.00	
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	

* 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)]

Page Total **\$10,085.00**