

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)]

Page Total **\$2,200.00**