

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 Robert J. Beggs				Registration Number, if PAC	
Street Address 8221 Milhouse Lane		Employer/Occupation/Labor Organization* Self/Attorney		M 0	D 9
City Dublin		State OH	Zip Code 43016	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Michael N. Oser					
Street Address 35 East Livingston Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Jon Handley					
Street Address 571 South High St.		Employer/Occupation/Labor Organization* S.M.D./H/L/S/ Bonding		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$70.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Jerome Goldman					
Street Address 5350 East Main St.		Employer/Occupation/Labor Organization* Goldman & Rosenthal		M 0	D 9
City Columbus		State OH	Zip Code 43213	Y 2	Amount \$35.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Avey Colburn					
Street Address 1766 East Kenworth Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43224	Y 2	Amount \$50.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Adrian Rossi					
Street Address 1726 nature Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43017	Y 2	Amount \$35.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Franklin County Forum					
Street Address 1378 Havant Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43054	Y 2	Amount \$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

\$655.00

Total expenditures this event.

\$0.00Page Total \$ **\$365.00**