

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 Dennis W. McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Dr.		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Douglas A. Funkhouser				Registration Number, if PAC	
Street Address 1560 Vanelm St.		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43228	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor George C. Georgeff				Registration Number, if PAC	
Street Address 107 Granville St.		Employer/Occupation/Labor Organization*		M 0	D 7
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Susan M. Lantz				Registration Number, if PAC	
Street Address 909 Schillingwood Dr.		Employer/Occupation/Labor Organization* Self/Attorney		M 0	D 7
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Michael J. Holbrook				Registration Number, if PAC	
Street Address 982 North 6th St.		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43201	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor John H. Bates				Registration Number, if PAC	
Street Address 495 South High St., Ste. 400		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Roger M. Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd.		Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$50.00
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

\$2,470.00

Total expenditures this event.

\$0.00

Page Total \$ **\$650.00**