

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 Vicky J. Basham				Registration Number, if PAC		
Street Address 939 Wedgewood Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43228	0	9	2
				6	0	7
				Amount \$35.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Joseph R. Landusky II						
Street Address 901 South High St.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43206	0	9	2
				6	0	7
				Amount \$100.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Robb D. Beck						
Street Address 4596 Greyson Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Powell		State OH	Zip Code 43065	0	9	2
				6	0	7
				Amount \$35.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Timothy D. Brewer						
Street Address 3677 Indianola Ave., Spt. C6		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43214	0	9	2
				6	0	7
				Amount \$20.00		
Form (Cash, Check, etc.) check						
Full Name of Contributor Greg Slimmer						
Street Address 373 South High St.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43215	0	9	2
				6	0	7
				Amount \$100.00		
Form (Cash, Check, etc.) cash						
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
City		State OH	Zip Code			
				Amount		
Form (Cash, Check, etc.)						
Full Name of Contributor						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
City		State OH	Zip Code			
				Amount		
Form (Cash, Check, etc.)						

* 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.

\$0.00

Page Total \$ **\$290.00**