

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 Charles C. Postlewaite				Registration Number, if PAC	
Street Address 3040 Riverside Dr., Ste. 122		Employer/Occupation/Labor Organization* Self/Attorney		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Kristen E. Haskins					
Street Address 4927 Snowy Creek Dr.		Employer/Occupation/Labor Organization* Self/Clinical Psychologist		M 0	D 9
City Groveport		State OH	Zip Code 43123	Y 0	Amount \$200.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Joseph E. Scott					
Street Address 35 East Livingston Ave.		Employer/Occupation/Labor Organization* Self/Physician		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Jon Handler					
Street Address 571 South High St.		Employer/Occupation/Labor Organization* S.M.D./H.L.S. Bonding Co.		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor James S. Mowery Jr.					
Street Address 425 Metro Place N., Ste. 420		Employer/Occupation/Labor Organization* Law Office of Mowery & Y		M 0	D 9
City Dublin		State OH	Zip Code 43017	Y 0	Amount \$250.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Vincent A. Dugan					
Street Address 500 South Fourth St.		Employer/Occupation/Labor Organization* Self/Attorney		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Samuel H. Shamansky					
Street Address 511 South High St.		Employer/Occupation/Labor Organization* Self/Attorney		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
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

\$6,300.00

Total expenditures this event.

\$639.34

Page Total \$ **\$2,200.00**