

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full David Young for Judge Committee					
Full Name of Contributor The Law Firm of Megan E Grant				Registration Number, if PAC	
Street Address 1188 S High St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Rourke & Blumenthal LLP				Registration Number, if PAC	
Street Address 495 S High St, Ste 450	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Sallynda Rothchild Dennison				Registration Number, if PAC	
Street Address 500 S Front St, Ste 102	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Halabi Law LLC				Registration Number, if PAC	
Street Address 88 W Main St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Luftman Heck and Associates LLP				Registration Number, if PAC	
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Samuel H Shamansky Co LPA				Registration Number, if PAC	
Street Address 523 S Third St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Dennis G Dav				Registration Number, if PAC	
Street Address 330 S High St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		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 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

Total expenditures this event

Page Total \$ 1,300.00