

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 Lynda Z. Schiff LLC				Registration Number, if PAC			
Street Address 275 S Columbia Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Bexley	State O	H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor James H. Bownas				Registration Number, if PAC			
Street Address 2245 Victoria Park Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Columbus	State O	H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Shawn Dingus				Registration Number, if PAC			
Street Address 111 Rich Street Suite 600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Columbus	State O	H	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary E. Lvbik				Registration Number, if PAC			
Street Address 5763 Banavie Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Columbus	State O	H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Mike Rourke				Registration Number, if PAC			
Street Address 495 S. High Street, Ste 450		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Kenneth S. Blumenthal				Registration Number, if PAC			
Street Address 155 W. Main Street, #1705		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Sean O. Boyle				Registration Number, if PAC			
Street Address 336 South High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	11	100.00
City Columbus	State O	H	Zip Code 43215	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 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 \$ 700.00