

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 John P Johnson Law Office, LLC				Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*			M 1	D 2
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00	
Full Name of Contributor Philip B Kaufman				Registration Number, if PAC	
Street Address 341 South 3rd Street, Ste 300	Employer/Occupation/Labor Organization*			M 1	D 2
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00	
Full Name of Contributor Roger M Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd	Employer/Occupation/Labor Organization*			M 1	D 2
City Dublin	State O	Zip Code 43017	Y 1	Amount 100.00	
Full Name of Contributor Donald B Leach Jr				Registration Number, if PAC	
Street Address 191 W Nationwide Blvd, Ste 300	Employer/Occupation/Labor Organization*			M 1	D 2
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00	
Full Name of Contributor Gregg R Lewis				Registration Number, if PAC	
Street Address 625 City Park Ave	Employer/Occupation/Labor Organization*			M 1	D 2
City Columbus	State O	Zip Code 43206	Y 1	Amount 100.00	
Full Name of Contributor Jeffrey D Mackey				Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*			M 1	D 2
City Columbus	State O	Zip Code 43224	Y 1	Amount 100.00	
Full Name of Contributor William Mann				Registration Number, if PAC	
Street Address 580 S High St	Employer/Occupation/Labor Organization*			M 1	D 2
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00	

* 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 \$ 700.00