Event Date	10-26-11
Page	2

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					<u> </u>
Name of Committee in Full		<u> </u>					
David Young For Judge Committe	e						
Full Name of Contributor			Registration Number, if PAC				
B. Luftman		1		1 -		1.	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	E0.00
580 E. Rich		<u> </u>	1 0			<u> </u>	50.00
City	State	Zip Code	r	ash,Chec			
Columbus	Oh 43215			Check Registration Number, if PAC			
Full Name of Contributor			Registra	ation Nun	idei, il F7	10	
3 Checks \$25.00	I Complement Oppose	oation/Labor Organization*	<u> </u>	D	Y	Amount	
Street Address	Enthoyer/Occa	ation Lation (rigalization		2.6			75.00
Ci-	State	Zip Code		ash Chec			70.00
City	Siate !	is in code	1 .	Chec			
Full Name of Contributor		1		ation Nun		AC	
1 Cash Donation							
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Апхилт	<u> </u>
	' '		110	216	1 1		25.00
City	State	Zip Code		ash Chec			
<i>'</i>		1		Cash	1		
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC	
Perry Griffith		i			_		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1155 Oregon Ave.			1 0		1 1		50.00
City	State	Zip Code	Form(C	ash,Chec			
Columbus	Oh L	43218		Casl			
Full Name of Contributor			Registr	ation Nur	nber, if P.	AC'	
Sherry Eastman			 		Y	14	
Street Address	Employer/Occupation/Labor Organization*		M	\int_{0}^{D}		Amount	50.00
9145 Strowser Road	Ct	Zip Code	L U	2 6	1 1 k ata)		50.00
City	State	43146	romit	Casl			
Orient Full Name of Contributor	OH		Registr	ation Nur		AC	
Rob Shafer		1	regist		12707, 11		
Street Address	Employer/Occu	pation/Lubor Organization*	M	D	Y	Amount	
2 Minerva Dr.	Employer Cocupation Filoso Signification		110	1216	$ _{1:1}$		50.00
City	State	Zip Code		ash,Chec			
Columbus	OH	43215		Casl	h		
Full Name of Contributor			Registr	ation Nur	mber, if P	AC	
	E-vlove/Occ	mation/Labor Organization*	М	а	Y	Amount	····
Street Address	Employer/Occupation/Labor Organization*		1			1	
City	State	Zip Code	Form(C	ash Che	ck.etc)		
<u> </u>							
Required for contributions from individuals over \$100 to statewide	and general assembly can	didates. If contributor is self-en	ployed, the	occupation	on and the	name of the	

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 \$ 300.00
	<u></u>	

^{*} 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)]