

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

2016 JUL 12 PM 12:48
FRANKLIN COUNTY
BOARD OF ELECTIONS

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
City Columbus	State O	Zip Code 43206	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
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
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
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
City Columbus	State O	Zip Code 43215	Y 1	Amount 150.00
Form(Cash,Check,etc) Check				
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
City Columbus	State O	Zip Code 43215	Y 1	Amount 150.00
Form(Cash,Check,etc) Check				
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
City Columbus	State O	Zip Code 43215	Y 1	Amount 250.00
Form(Cash,Check,etc) Check				
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
City Columbus	State O	Zip Code 43215	Y 1	Amount 500.00
Form(Cash,Check,etc) Check				
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
City Columbus	State O	Zip Code 43215	Y 1	Amount 50.00
Form(Cash,Check,etc) Cash				

* 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