

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 Crabbe Brown & James				Registration Number, if PAC	
Street Address 500 S. Front	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Luper Neidenthal & Logan				Registration Number, if PAC	
Street Address 1208 Leveque Tower	Employer/Occupation/Labor Organization*		M 1	D 2	Y 8
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Joseph Landusky				Registration Number, if PAC	
Street Address 901 S. High	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 575.00
Full Name of Contributor Shottenstein Zox & Dunn PAC				Registration Number, if PAC OH1310	
Street Address 250 W. Street	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State Oh	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 575.00
Full Name of Contributor Bradley P. Koffel LLC				Registration Number, if PAC	
Street Address 1801 Watermark Drive	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 1,000.00
Full Name of Contributor I.B.E.W C.O.P.E				Registration Number, if PAC	
Street Address 900 Seventh Street N.W.	Employer/Occupation/Labor Organization*		M 1	D 3	Y 0
City Washington	State D.C.	Zip Code 43216	Form (Cash, Check, etc) Check		Amount 1,000.00
Full Name of Contributor Subpoena Services LLC				Registration Number, if PAC	
Street Address Po Box 126	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc) Check		Amount 250.00

* 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

9,020.00

Total expenditures this event

Page Total \$ 4,150.00