| Event Date | 2/2/2012 |
|------------|----------|
| Page | 8 |

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 | | | | Registration Number, if PAC | | | |
| Steve Mathless | <u> </u> | | Н | - | - | <u> </u> | |
| Street Address | Employer/Occupation/Labor Organization* | | | D | Y 1 | Amouni 50.00 | |
| 150 E. Mound St | | T. C. I. | 0 2 Form(Ca | 0 2 | 1 2 | 30.00 | |
| City | State | Zip Code | | :::::::::::::::::::::::::::::::::::::: | | | |
| Columbus Full Name of Contributor | OH | 43215 | _ | | ber, if PA | Property and the part of the Police of P. C | |
| • | | | incgistrat | 1011 1 1 1 1 1 1 | , II. I . | | |
| Jeff Lewis Street Address | Employer/Occup: | ation/Labor Organization* | М | D | Y | Amount | |
| | Дароустоссар | and the continues | 012 | 0 2 | 112 | 50.00 | |
| 4474 Summit Ridge | State | Zip Code | Form(Ca | | | क्रिक्ट देश अपने प्रा | |
| Columbus | OH | 43220 | | Chec | | 网络 | |
| Full Name of Contributor | 1 () ! | 10220 | | _ | ber, if PA | .C | |
| Luftman & Heck | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 580 E. Rich St | | | 012 | 012 | 1 2 | 75.00 | |
| City | State | Zip Code | Form(Ca | sh,Checl | ceto) | | |
| Columbus | OLH | 43215 | (| Chec: | k | A STATE OF THE STA | |
| Full Name of Contributor | | <u> </u> | Registrat | ion Num | ber, if PA | VC . | |
| James Gilbert | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | м 0 2 | D | Y | Amount | |
| 4025 Riverview | | | | 012 | 1 2 | 200.00 | |
| City | State | Zip Code | Form(Ca | _ | | | |
| Columbus | <u> </u> | 43221 | | <u>Chec</u> | | | |
| Full Name of Contributor | | | Registra | tion Nur | ber, if PA | AC . | |
| Gertner & Gertner | | | _ | | | т. | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount 100 00 | |
| 175 S. Third St | | | 012 Form(Ca | | | 100.00 | |
| City | State | Zip Code | | | | | |
| Columbus | <u>0 H</u> | 43215 | | <u>Chec</u> | K. iber, if P/ | | |
| Full Name of Contributor | | | Registra | non Nun | iber, ir rz | ic | |
| | E-valoues/Occur | oation/Labor Organization* | M | D | Y | Amount | |
| Street Address | Employer/Occup | andr bacor Organization | 1 " | i | | | |
| r: | State | Zip Code | Form(Ca | sh,Chec | k,etc) | THE STATE OF | |
| City | Jake | Zip code | | | , | 阿克尔斯 | |
| Full Name of Contributor | <u>_</u> | <u> </u> | Registra | tion Nun | ber, if P | | |
| | | | 1 | | Y | Amount | |
| Street Address | Employer/Occup | pation/Labor Organization* | M | D | ı , | Zinonii | |
| | <u> </u> | Zip Code | Form(C | sh Chec | k etc) | THE REPORT OF THE | |
| City | State | zap Code | Form(Cash,Check,etc) | | | | |

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 \$475.00_ |
| | | |

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)]