

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 Joseph R Landusky II				Registration Number, if PAC	
Street Address 901 S High St	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 Karen Held Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 575.00
Full Name of Contributor Schottenstein Zox & Dunn State & Local PAC				Registration Number, if PAC OH1310	
Street Address 250 West St	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 Dr, Ste 350	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 IBEW - COPE				Registration Number, if PAC	
Street Address 900 Seventh St NW	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Washington	State DC	Zip Code 20001	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ **3,725.00**