31-E
R.C. 3517.10(B)

Event Date 03/10/11
Page 1

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**			
Adam Nemann							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
35 E. Livingston	Scott & Neman Co., LPA			03	10	11	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Dean Knisley							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1390 Dublin Road				03	10	11	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Lynda Z. Schiff LLC							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
600 South High Street				03	10	11	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43201		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Paul Scott							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
536 S. High Street	Paul Scott & Co. LPA			03	10	11	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Mike Reed							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
65 E. State Street Suite 1400	Hahn Loeser & Parks			03	10	11	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Kort Gutterdam							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
280 Plaza, Suite 1300	Carpenter Lipps & Leland			03	10	11	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Sean O'Boyle							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
336 S. High Street				03	10	11	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215					

* 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: 3,025.00

Total expenditures this event: 634.85

Page Total $ 800.00