Event Date	1/26/12
Page	4

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05			_		
Name of Committee in Full							
David Young for Judge Committee							
Full Name of Contributor		Registration Number, if PAC					
J. Scott Weisman			 				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00
601 S. High St			0 1	2 6	1 2	18 TO 18	100.00
City	State	Zip Code	Form(Ca			77	£
Columbus	<u> </u>	43215		<u>Check</u>			
Full Name of Contributor			Registrat	ion Numi	er, II PA	·C	
Abe Bahgat			1,,	<u> </u>	V -	Amount	
Street Address	Employer/Occupation/Labor Organization*		M	D !	111	Alloun	75.00
338 S. High St		1	0 1 Form(Ca	216		ESTATE PROTECTION	7 J.00
City	State	Zip Code				群位。2012	
Columbus	<u> </u>	43215	Registrat	Checl		Children Control	21.521.5
Full Name of Contributor			Registrat	ion Num	ber, ii FA	ic.	
Dominic Mango			- , - ,	D	Y	Amount	
Street Address	Employer/Occup	ation/Labor Organization*	0 1	D ale	1/2	Alloui	75.00
5649 Van Wert Drive		77.01		sh,Check		Higgs and the	75.00 51 2 KEEVE
City	State	Zip Code	1	Checl			
Hilliard	OLH	43026		ion Num			V.1.1. P. 1941
Full Name of Contributor			Registrat	uon num	oci, u i z	···	
George S. Breitmayer, III	- In		М	D	Y	Amount	
Street Address	Employer/Occupation/Labor Organization*		01	216		•	50.00
133 E. Livingston Ave	Ross & Midian, LLC State Zip Code			sh Check		চাকে এড়	ং প্রাক্তিয়ার
City	State	43206	1	Checl		Barrie of	中国的
Columbus	OH	43200		tion Num		AC	<u> </u>
Full Name of Contributor			Regustra				
Jeremy Dodgion	Employer Occupation/Labor Organization*		М	D	ΙΥ	Amount	
Street Address	Employer/Occupanon/Labor Organization		011	216			50.00
1188 S. High St	State	Zip Code		ash,Checl		MARKE CO	
City	O H	43206		Chec			Julykat
Columbus	<u> </u>	45200	1	tion Nur		AC	
Full Name of Contributor					•		
Teresa Edwards	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
Street Address	Linployeroccu	pation basis organization	0 1	216	112	, [50.00
PO box 126	State	Zip Code		ash,Chec		FALSE 2	李清明是
City	OTH	43119		Chec	_	18 19 20 20 20 20 20 20 20 20 20 20 20 20 20	73.2
Galloway	() ; 11	10117		ution Nun		AC	
Full Name of Contributor			`				
12 Contributions \$25.00	Employer/Occu	pation/Labor Organization*	М	Ð	Y	Amount	
Street Address		r	011	216	112	! }	300.00
Cin.	State	Zip Code		ash,Chec	k,etc)	1.50 4.35	
City	O H		Check			4 3	A SALAN
	1. () 1 11						
Required for contributions from individuals over \$100 to statewide and g	eneral assembly can	didates. If contributor is self-en	ployed, the	occupatio	on and the	name of the	

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

Total contributions this event	Total expenditures this event	Page Total S

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)]