



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Young for Judge Committee				
Full Name of Contributor Doucet & Gerling Co LPA			Registration Number, if PAC	
Street Address 655 Metro Place South, Ste 600		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/19/2019	Amount 150.00
Full Name of Contributor Burke Meis & Associates LLC			Registration Number, if PAC	
Street Address 625 City Park Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/19/2019	Amount 100.00
Full Name of Contributor Keith A Edwards			Registration Number, if PAC	
Street Address 283 S 3rd St		Employer/Occupation/Labor Organization* Keith A. Edwards, Attorney at Law LLC/Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2019	Amount 250.00
Full Name of Contributor Murray Murphy Moul & Basil LLP			Registration Number, if PAC	
Street Address 1114 Dublin Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2019	Amount 500.00
Full Name of Contributor Bradley P Koffel LLC			Registration Number, if PAC	
Street Address 1801 Watermark Dr, Ste 350		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2019	Amount 500.00

*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 also appear. [R.C. 3517.10(B)(4)]