

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 Colin E McNamee				Registration Number, if PAC	
Street Address 652 W 163 St, Apt 63		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City New York	State N Y	Zip Code 10032		Form(Cash,Check,etc) Check	
Full Name of Contributor Roger M Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) Check	
Full Name of Contributor Edward A Szczypinski				Registration Number, if PAC	
Street Address 78 E Chestnut St, Apt 406		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Nesbitt Law Firm LLC				Registration Number, if PAC	
Street Address 1335 Dublin Rd, Ste 217A		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Nathan S Akamine				Registration Number, if PAC	
Street Address 844 S Front St		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Philip B Kaufman				Registration Number, if PAC	
Street Address 492 S High St, Ste 200		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeremy Dodgion Attorney at Law Co LPA				Registration Number, if PAC	
Street Address 1188 S High St		Employer/Occupation/Labor Organization*		M D Y 0 4 0 2 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	

* 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 \$ 1,050.00