

Event Date	1/26/12
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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 Bradley Koffel LLC				Registration Number, if PAC		
Street Address 1801 Watermark Dr, Ste 350	Employer/Occupation/Labor Organization*		M 011	D 216	Y 112	Amount 2,500.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Samuel H. Shamanskv LLC				Registration Number, if PAC		
Street Address 511 S. High St	Employer/Occupation/Labor Organization*		M 011	D 213	Y 112	Amount 2,500.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Alyson Tanenbaum				Registration Number, if PAC		
Street Address 5598 Picayune Street	Employer/Occupation/Labor Organization*		M 011	D 016	Y 112	Amount 250.00
City Columbus	State OH	Zip Code 43221	Form(Cash, Check, etc) Check			
Full Name of Contributor Mark Miller				Registration Number, if PAC		
Street Address 555 City Park	Employer/Occupation/Labor Organization*		M 011	D 216	Y 112	Amount 135.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Joseph Scott				Registration Number, if PAC		
Street Address 35 E. Livingston Ave	Employer/Occupation/Labor Organization*		M 011	D 216	Y 112	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Robert Krapenc				Registration Number, if PAC		
Street Address 601 S. High St	Employer/Occupation/Labor Organization*		M 011	D 216	Y 112	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Jeffrey Lewis				Registration Number, if PAC		
Street Address 4474 Summit Ridge	Employer/Occupation/Labor Organization*		M 011	D 216	Y 112	Amount 100.00
City Upper Arlington	State OH	Zip Code 43220	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

6,795.00

Total expenditures this event

0.00

Page Total \$ **5,685.00**