

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* Bradley P. Koffel LLC		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 2,500.00
Full Name of Contributor Samuel H. Shamansky, LLC				Registration Number, if PAC	
Street Address 511 S. High	Employer/Occupation/Labor Organization* Samuel H. Shamansky LL		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 2,500.00
Full Name of Contributor Alyson Tanenbaum				Registration Number, if PAC	
Street Address 5598 Picayune Street	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Mark Miller				Registration Number, if PAC	
Street Address 555 City Park	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 135.00
Full Name of Contributor Joseph Scott				Registration Number, if PAC	
Street Address 35 E. Livingston	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State Oh	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert Krapenc				Registration Number, if PAC	
Street Address 601 S. High	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State Oh	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jeffrey Lewis				Registration Number, if PAC	
Street Address 4474 Summit Ridge	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00

* 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 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 \$ 5,685.00

6,795.00