Event Date	10/26/11
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescrib	ed 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				
Albert A Gabel									
Street Address	Employer/Occupation/Labor Organization*			ration*	M	D	Y	Amount	27.00
7190 Coffman Rd					1 1	0 1	1 1		25.00
City	5	State	Zip Code			sh,Check			
Dublin	O H 43017				Check Registration Number, if PAC				
Full Name of Contributor					Registra	tion Num	per, ii PA	·C	
Cindi Sours-Morehart	1		<u> </u>		М	T n	Y	Amount	
Street Address	Employ	Employer/Occupation/Labor Organization*				D Ola	$ _{1} _{1}$	Adilouit	25.00
4063 Riverview Dr	 ,		Tr. C 1		1 1	0 1 sh,Check		150 2225	23.00 52 54 57 CM
City	_ ;	State TT	Zip Code 4322	7 1		Chec		100	
Columbus	10	<u> </u>	4324	21			ber, if PA	C	in the second
Full Name of Contributor					IKE ESTITA	11011 140111			
John A Zervas Co LPA	Employ	·ar/Occord	ation/Labor Organiz	zation*	М	D	<u> Т</u>	Amount	
Street Address	Employ	yer/Occup	anon Labor Organia	ZZGOII	$\begin{vmatrix} \ddot{1} \\ 1 \end{vmatrix} 1$	011	111		25.00
326 South High Street	+ ,	State	Zip Code	-		ash,Check	,	स्ट सहया है	20.00
Calcombase		ĺΗ	432	15	1	Chec			
Columbus Full Name of Contributor	10	1 11	102				ber, if PA	C	
Jacqueline M Wirtz					້				
Street Address	Emplo	ver/Occur	ation/Labor Organia	zation*	м	D	Y	Amount	
50 W Oakland Ave, Apt 18			-		1111	0 1	111		50.00
Cin.	- -	State	Zip Code			ash Chec		12 E 2 THE	建筑建筑
Columbus	١٥	l H	4320	01		Chec	k		
Full Name of Contributor			<u> </u>		Registra	tion Nur	ber, if P	AC .	-
Stuart Keller									
Street Address	Employer/Occupation/Labor Organization*		zation*	M	D	Y	Amount		
354 S Merkle Rd					111	0 1			50.00
City		State	Zip Code		Form(C	ash Chec		# 1 3 N/4	11/1
Bexlev		<u> H</u>	432	<u>09 </u>	<u> </u>	<u>Chec</u>		See Transit	20 19
Full Name of Contributor					Registra	ition Nun	ber, if P	AC	
Mango Law LLC					↓		1	1.	
Street Address	Emplo	yer/Occup	oation/Labor Organi	ization*	M	D	Y	Amount	=0.00
5649 Van Wert Dr					111	01		100000000000000000000000000000000000000	50.00
City	-	State	Zip Code	•	Form(C	ash,Chec		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Hilliard	<u> </u>	H	430	<u> 26</u>	<u> </u>	Chec		× 500	
Full Name of Contributor					Registra	ation Nun	nber, if Pa	AC	
Luftman Heck and Associates LLP					+	T 5	Y	Amount	
Street Address	Employer/Occupation/Labor Organization*			ization*	M	D	1111		50.00
580 E Rich St		C			1 1 1 Form(C	0 1 ash,Chec		1945 Feet	
City	_ l _	State	Zip Code	15	romic	Chec		古典學是	是特別
Columbus		<u> </u>	432	.13		CHEC	. ^\	7.7.2	A STATE OF THE PARTY OF THE PAR
Required for contributions from individuals over \$100 to statewide and ge	neral asse	mbly cano	lidates. If contribute	or is self-empl	oyed, the	оссиратіс	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 in the date column.

Total contributions this event	Total expenditures this event	Page Total S 275.00
1.200.00	43.50	

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)]