

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 Cindi Sours-Morehart				Registration Number, if PAC	
Street Address 4063 Riverview Drive	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Columbus	State OH	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 20.00
Full Name of Contributor Shelly Longstreth				Registration Number, if PAC	
Street Address 553 Empire Dr N	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Gahanna	State OH	Zip Code 43230	Form(Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Jessica Fallon				Registration Number, if PAC	
Street Address 61 Oakland Park Ave	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Columbus	State OH	Zip Code 43214	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Mark A Hummer				Registration Number, if PAC	
Street Address 1795 Edgemont Rd	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Columbus	State OH	Zip Code 43212	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Mango Law LLC				Registration Number, if PAC	
Street Address 5649 Van Wert Dr	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Hilliard	State OH	Zip Code 43026	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Priscilla Roberge				Registration Number, if PAC	
Street Address 372 Cumberland Dr	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Whitehall	State OH	Zip Code 43213	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Robert J Behal				Registration Number, if PAC	
Street Address 2531 Brentwood Rd	Employer/Occupation/Labor Organization*		M 11	D 20	Y 11
City Bexley	State OH	Zip Code 43209	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 \$ **345.00**

8,670.00

0.00