

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 Granger Co LPA				Registration Number, if PAC	
Street Address 132 Northwoods Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Probst Law Office, LLC				Registration Number, if PAC	
Street Address 85 East Gay Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John T Conroy				Registration Number, if PAC	
Street Address 3363 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor SMDHLS Bonding Co LLC				Registration Number, if PAC	
Street Address 571 S High St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Dye Law Office				Registration Number, if PAC	
Street Address 555 S 3rd St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Adam Neman				Registration Number, if PAC	
Street Address 35 East Livingston Ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Teresa Blankenship				Registration Number, if PAC	
Street Address 4200 Regent Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) Cash		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 \$ 525.00