

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 Aucoin Hetterscheidt & Younkin LLC				Registration Number, if PAC	
Street Address 577 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Ermel R Luckett Jr				Registration Number, if PAC	
Street Address 5686 Havens Corner Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Steven A Larson				Registration Number, if PAC	
Street Address 4967 Smoketalk Ln	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Westerville	State O	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor J Harris Leshner				Registration Number, if PAC	
Street Address 336 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Nemann Law Offices LLC				Registration Number, if PAC	
Street Address 306 Zander Ln	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas F Charlesworth				Registration Number, if PAC	
Street Address 5744 Concord Hill Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Rebecca Gooch				Registration Number, if PAC	
Street Address 336 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State O	Zip Code 43215	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 \$ 675.00