

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 M. Sean Cydrus			Registration Number, if PAC		
Street Address 4449 Easton Way	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Dustin Blake			Registration Number, if PAC		
Street Address 111 Rich Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Chris Young			Registration Number, if PAC		
Street Address 9500 Euclid Ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Cleveland	State OH	Zip Code 44195	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Mark Collins			Registration Number, if PAC		
Street Address 492 S. High	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Gordon Evans			Registration Number, if PAC		
Street Address 495 S. High	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 460.00