

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
David Young for Judge Committee							
Full Name of Contributor Jeffrey M Basnett				Registration Number, if PAC			
Street Address PO Box 83261	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State OH	Zip Code 43203		1	1	4	50.00
Form(Cash,Check,etc) Cash							
Full Name of Contributor The Law Firm of Megan E Grant				Registration Number, if PAC			
Street Address 1188 S High St				Employer/Occupation/Labor Organization*			
City Columbus	State OH	Zip Code 43206		M	D	Y	Amount
Form(Cash,Check,etc) Check				1	1	4	50.00
Full Name of Contributor Cecily L Ferris				Registration Number, if PAC			
Street Address 905 S High St				Employer/Occupation/Labor Organization*			
City Columbus	State OH	Zip Code 43206		M	D	Y	Amount
Form(Cash,Check,etc) Check				1	1	4	75.00
Full Name of Contributor Michaela Hahn-Lawson				Registration Number, if PAC			
Street Address 1089 Oakwood Blvd				Employer/Occupation/Labor Organization*			
City Painesville	State OH	Zip Code 44077		M	D	Y	Amount
Form(Cash,Check,etc) Check				1	1	4	100.00
Full Name of Contributor Michael King Fultz				Registration Number, if PAC			
Street Address 452 S Otterbein Ave				Employer/Occupation/Labor Organization*			
City Westerville	State OH	Zip Code 43081		M	D	Y	Amount
Form(Cash,Check,etc) Check				1	1	4	100.00
Full Name of Contributor Adam Lee Nemann				Registration Number, if PAC			
Street Address 306 Zander Ln				Employer/Occupation/Labor Organization*			
City Gahanna	State OH	Zip Code 43230		M	D	Y	Amount
Form(Cash,Check,etc) Check				1	1	4	100.00
Full Name of Contributor Abe Bahgat				Registration Number, if PAC			
Street Address 338 S High St				Employer/Occupation/Labor Organization*			
City Columbus	State OH	Zip Code 43215		M	D	Y	Amount
Form(Cash,Check,etc) Check				1	1	4	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

3,675.00

Total expenditures this event

281.63

Page Total \$	575.00
---------------	--------