

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 Lawrence A Rhie				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Abe Bahgat Co LPA				Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor E Scott Shaw				Registration Number, if PAC	
Street Address 432 Glen Echo Cir	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Law Office of Thomas F Hayes LLC				Registration Number, if PAC	
Street Address 65 E Livingston Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 125.00
Full Name of Contributor P Dennis Pusateri				Registration Number, if PAC	
Street Address 492 City Park Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William S Lazarow				Registration Number, if PAC	
Street Address 400 S Fifth Street, Suite 301	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Cindi Sours-Morehart				Registration Number, if PAC	
Street Address 4063 Riverview Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State OH	Zip Code 43221	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

2,525.00

Total expenditures this event

0.00

Page Total \$ 675.00