

# 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				Amount			
Nicholas Anderson				100.00			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
5131 Post Road Ste. 350				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		
Dublin	OH	43017	Check				
Full Name of Contributor				Registration Number, if PAC			
Ernest Whitted							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		75.00
			Check				
Full Name of Contributor				Registration Number, if PAC			
Brewer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		100.00
			Check				
Full Name of Contributor				Registration Number, if PAC			
J. Brown							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		100.00
			Check				
Full Name of Contributor				Registration Number, if PAC			
Erica Probst							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
88 West Mound				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		100.00
Columbus	OH	43215	Cash				
Full Name of Contributor				Registration Number, if PAC			
Thanas Saatius							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1331 North High				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		60.00
Columbus	OH	43201	Cash				
Full Name of Contributor				Registration Number, if PAC			
Jeffery Poth							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
495 S. High Street				0	5	2	6
City	State	Zip Code	Form(Cash,Check,etc)	1	1		100.00
Columbus	OH	43215	Cash				

\* 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 \$ 635.00