Event Date	5-26-11
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed b	y Secretary of State 3/05		
David Young For Judge Comn	-:			
Full Name of Contributor	nittee			
Nicholas Anderson		· ···	Registration Number, if PAC	
Street Address	E-1, (0)			
5131 Post Road Ste. 350	Employer/Occupation/Labor Organization®		M D Y Amount	
City	State Zin Code		0 5 2 6 1 1	100.0
<u>Dublin</u>	OH	Zip Code	Form(Cash,Check,etc)	
ull Name of Contributor		43017	Check	
Ernest Whitted			Registration Number, if PAC	
rect Address	Employer/Oct	cupation/Labor Organization*	M D Y Amount	<u></u> _
•		, <u>, , , , , , , , , , , , , , , , , , </u>	M D Y Amount 0 5 2 6 1 1	
ity	State	Zip Code	Form(Cash,Check,etc)	75.(
dl Name of Contributor				
Brewer			Registration Number, if PAC	
reet Address			,	
	Employer/Occupation/Labor Organization*		M D Y Amount	
у			0 5 2 6 1 1	100.0
	State	Zip Code	Form(Cash,Check,etc)	100.0
Il Name of Contributor			Check	
J. Brown			Registration Number, if PAC	
eet Address	Employer/Occi	mation/Labor Orugaination *		
	Employer/Occupation/Labor Organization*		M D Y Amount	
у	State	Zip Code	0 5 2 6 1 1 Form(Cash,Check,etc)	100.0
		,,	Check	
Name of Contributor			Registration Number, if PAC	
Erica Probst			Transci, ii FAC	
88 West Mound	Employer/Occupation/Labor Organization*		M D Y Amount	
y vest Mound			0 5 2 6 1 1	100.00
Columbus	State	Zip Code	Form(Cash,Check,etc)	100.00
Name of Contributor	LOH	43215	Cash	
Thanas Saatius			Registration Number, if PAC	
et Address	Employer/Occurs	ontine (Lab. Co		
1331 North High	Employer/Occupation/Labor Organization*		M D Y Amount	
	State	Zip Code	0 5 2 6 1 1	60.00
Columbus	OH	43201	Form(Cash,Check,etc)	
Name of Contributor	11/11/	43201	Cash	
Jeffery Poth			Registration Number, if PAC	
et Address	Employer/Occupation/Labor Organization*		M D Y Amount	
495 S. High Street		,	- Annount	100.00
Columbus	State	Zip Code	0 5 2 6 1 1 Form(Cash,Check,ctc)	100.00
Columbus	OH	43215	Cash	

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	<u></u>
		Page Total \$ 635.00

^{*} 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)]