

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 Kenneth S Blumenthal				Registration Number, if PAC	
Street Address 155 W Main St, Apt 1705	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Richanne M Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Sunbury Law Offices				Registration Number, if PAC	
Street Address 250 Civic Center Dr, Ste 600	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Nathan S Akamine				Registration Number, if PAC	
Street Address 844 S Front St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Sam B Weiner				Registration Number, if PAC	
Street Address 96 Bishop Sq	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kelly Law Office LLC				Registration Number, if PAC	
Street Address 111 West Rich Street, Suite 600	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John M Alton Co LPA				Registration Number, if PAC	
Street Address 681 S Front St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 150.00

* 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

Total expenditures this event

Page Total \$ 750.00