Event Date	4/28/11				
Page	26				

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05							
Name of Committee in Full									
David Young for Judge Committee									
Full Name of Contributor					Registration Number, if PAC				
Jeremy Dodgion Attorney at Law Co.,	. LPA								
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount			
1188 South High Street				012	111		150.00		
City	State	Zip Code	Form(Ca	ish Check	Letc)				
Columbus	O H 43206		Check _						
Full Name of Contributor			Registra	tion Num	ber, if PA	'C			
Mango Law LLC									
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
5649 Van Wert Dr			015	012	1 1		50.00		
City	State	Zip Code		sh Check					
Hilliard	lol H	43026	- - (Checl	<				
Full Name of Contributor	1 (7 : ==	1		Registration Number, if PAC					
SMDHLS Bonding Co LLC			-						
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount			
571 South High St		· ·	1015	012	111		100.00		
City	State	Zip Code		sh Check			100.00		
Columbus	$O \mid H$	43215		Checl					
Full Name of Contributor		1 11 43213			Registration Number, if PAC				
Toure McCord									
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Y	Amount			
844 S. Front Street		Employer/Occupation/Labor Organization					100.00		
City	State	Zip Code		012 sh,Check			100.00		
Columbus	I O I H	43206		Cash					
Full Name of Contributor	1 () 11	() 11 45200			Registration Number, if PAC				
Allison Aiello			1,46222						
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Y	Amount			
4710 Coolbrook Drive	Zampio, cir Occu,	Employer/Occupation/East Organization			1 1		100.00		
City	State	Zip Code	Form(Ca	sh,Check	etc)		100.00		
Hilliard	O H	43026	i omi	Cash					
Full Name of Contributor	1 () 11	() 11 40020		Registration Number, if PAC					
Craig Gould			I Kegisau	non roan	001, 11 1 1				
Street Address	Employer/Occur	М	D	Y	Amount				
	Employenocu		012		Allouit	100.00			
673 Mohawk St	State	Zip Code		sh,Check			100.00		
City C-1		43206	Form(Ca						
Columbus	$O \mid H$	43206	D:	Cash		C.			
Full Name of Contributor			Kegistra	uon Num	ber, ii PA	iC.			
Anonymous Cash Contributions				_ <u> </u>	1 17	Τ			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	245.00		
				0 2			345.00		
City	State	Zip Code	Form(Ca	sh,Check	(,etc)				
	<u> </u>			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 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 S 945,00

^{*} 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)]