

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 Bruce Curry			Registration Number, if PAC		
Street Address 8000 Ravine's Edge Court #103		Employer/Occupation/Labor Organization* Curry, Roby & Mulvey Co.		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 1	Amount 100.00
			Form(Cash,Check,etc) Check		
Full Name of Contributor Troy J. Doucet					
Street Address 4200 Regent Street		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43219	Y 1	Amount 50.00
			Form(Cash,Check,etc) Check		
Full Name of Contributor Timothy Prawdzic					
Street Address 6277 Clark State Road		Employer/Occupation/Labor Organization* Techno Biz LLC		M 0	D 5
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 100.00
			Form(Cash,Check,etc) Check		
Full Name of Contributor Bryan F. Pirmann					
Street Address 4582 Wuerz Court		Employer/Occupation/Labor Organization*		M 0	D 5
City Dublin		State OH	Zip Code 43016	Y 1	Amount 100.00
			Form(Cash,Check,etc) Check		
Full Name of Contributor David J. Peters					
Street Address 1453 Presidential Drive		Employer/Occupation/Labor Organization*		M 0	D 5
City Dublin		State OH	Zip Code 43212	Y 1	Amount 20.00
			Form(Cash,Check,etc) Check		
Full Name of Contributor Ira Sully					
Street Address 844 S. Front		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43206	Y 1	Amount 50.00
			Form(Cash,Check,etc) Check		
Full Name of Contributor John H. Bates					
Street Address 495 S. High		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount 50.00
			Form(Cash,Check,etc) Check		

* 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

765.00

Total expenditures this event

Page Total \$ 470.00