

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 Deborah H. Lewis			Registration Number, if PAC	
Street Address 7683 Wrvneck Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Richanne M. Zymkoski			Registration Number, if PAC	
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor John Bates			Registration Number, if PAC	
Street Address 495 S. High Street, Suite 400	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Scott A. Nemann Co., LPA			Registration Number, if PAC	
Street Address 35 E Livingston Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor E. Scott Shaw			Registration Number, if PAC	
Street Address 500 S. Front Street	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Falleur			Registration Number, if PAC	
Street Address 1625 Bethel Road, Suite 205	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Gerald T. Sunbury			Registration Number, if PAC	
Street Address 111 W. Rich Street, Suite 600	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	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

Total expenditures this event

Page Total \$ 700.00