

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 Larry Ziehl			Registration Number, if PAC			
Street Address 300 S Front St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Ed Emsweller			Registration Number, if PAC			
Street Address 374 N Cassady Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Gordon Evans			Registration Number, if PAC			
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor W Jeffrey Moore			Registration Number, if PAC			
Street Address 100 E Main St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Tim Wise			Registration Number, if PAC			
Street Address 168 S Ogden Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 40.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Cash			
Full Name of Contributor Morgan Masters Quickel			Registration Number, if PAC			
Street Address 8158 Shannon Glen Blvd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 25.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Citizens for Jolley			Registration Number, if PAC			
Street Address 187 Regents Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 14	Amount 50.00
City Gahanna	State O H	Zip Code 43230	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

1 340.00

Total expenditures this event

203.50

Page Total \$ 390.00