

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 Ed Emsweller			Registration Number, if PAC	
Street Address 145 E Livingston	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Andrea Szczypinski			Registration Number, if PAC	
Street Address 2613 Autmnwood Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 100.00
City Glenshaw	State P A	Zip Code 15116	Form(Cash,Check,etc) Cash	
Full Name of Contributor Eric Hoffra			Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Jeffrey M Poth Attorney at Law LLC			Registration Number, if PAC	
Street Address 1771 Cambridge Blvd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Dennis C Belli			Registration Number, if PAC	
Street Address 2 Miranova Pl, #500	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Ira B Sully			Registration Number, if PAC	
Street Address 844 S Front St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian J Rigg			Registration Number, if PAC	
Street Address 720 S High St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206	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

1,565.74

Total expenditures this event

140.74

Page Total \$ 400.00