

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 Dirk Greene			Registration Number, if PAC	
Street Address 306 E North Broadway St	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash, Check, etc) Cash	
Full Name of Contributor Kelly Greene			Registration Number, if PAC	
Street Address 306 E North Broadway St	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash, Check, etc) Cash	
Full Name of Contributor Annette Busch			Registration Number, if PAC	
Street Address 5628 Breshly Way	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 40.00
City Westerville	State O H	Zip Code 43081	Form(Cash, Check, etc) Cash	
Full Name of Contributor Mike Albritain			Registration Number, if PAC	
Street Address 5399 Redwater Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 40.00
City Dublin	State O H	Zip Code 43017	Form(Cash, Check, etc) Cash	
Full Name of Contributor Alan Lichtesien			Registration Number, if PAC	
Street Address 834 Sheridan Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 25.00
City Bexlev	State O H	Zip Code 43209	Form(Cash, Check, etc) Cash	
Full Name of Contributor Leah Wagenbrenner			Registration Number, if PAC	
Street Address 2255 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Cash	
Full Name of Contributor Mark Wagenbrenner			Registration Number, if PAC	
Street Address 2255 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 3 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Cash	

* 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

2,985.00

Total expenditures this event

600.00

Page Total \$ 405.00