

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 Cheryl L. Fournier				Registration Number, if PAC	
Street Address 7756 Ardaugh Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Nicholas W Gardner				Registration Number, if PAC	
Street Address 6781 Vineyard Haven Loop	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Laurie Kennedy				Registration Number, if PAC	
Street Address 7520 Maynooth Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Deborah H Lewis				Registration Number, if PAC	
Street Address 94 Richards Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jennifer E Ventresco				Registration Number, if PAC	
Street Address 7710 Crossbill Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Stephanie Malas				Registration Number, if PAC	
Street Address 7041 Timberview Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Clark Powell				Registration Number, if PAC	
Street Address 4877 Carrigan Ridge Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 500.00

* 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

1,645.00

Total expenditures this event

470.78

Page Total \$ 1,145.00