

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 MJ2 Marketing, LLC				Registration Number, if PAC	
Street Address 555 Mentro Place North, Ste 600	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 675.00
Full Name of Contributor John L Kronauge				Registration Number, if PAC	
Street Address 5245 Muirfield Pl	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Subpeona Service Plus, LLC				Registration Number, if PAC	
Street Address PO Box 126	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Galloway	State O H	Zip Code 43119	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael E James				Registration Number, if PAC	
Street Address 4967 Chaddington Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 575.00
Full Name of Contributor David R. Specht				Registration Number, if PAC	
Street Address 550 Schrock Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State O H	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert A Maggs				Registration Number, if PAC	
Street Address 7631 Kestrel Way W	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Dean Knisley				Registration Number, if PAC	
Street Address 7109 Coventry	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Money Order		Amount 150.00

* 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

2,675.00

Total expenditures this event

0.00

Page Total \$ 1,900.00