

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 S.M.D.H.L.S. Bonding Co. LLC			Registration Number, if PAC	
Street Address 571 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Carpenter Lipps & Leland LLP			Registration Number, if PAC	
Street Address 280 Plaza, Suite 1300	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Tyack, Blackmore & Liston Co., LPA			Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Dean Knisley			Registration Number, if PAC	
Street Address 1390 Dublin Road	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Money Order	
Full Name of Contributor Paul Scott Co LPA			Registration Number, if PAC	
Street Address 536 S High St	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Hahn Loeser & Parks LLP			Registration Number, if PAC	
Street Address 200 Public Square, Ste 2800	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 150.00
City Cleveland	State O H	Zip Code 44114	Form(Cash,Check,etc) Check	
Full Name of Contributor Mitchell & Pencheff Fralev, Catalano & Boda, Inc LPA			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization*		M D Y 0 3 11	Amount 200.00
City Columbus	State O H	Zip Code 43215	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

Total expenditures this event

Page Total \$ 900.00