

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		Registration Number, if PAC	
Dominic Mango			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
5649 Van Wert Drive	Mango Law LLC	0	3 1 0 1 1 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Hilliard	OH 43026	Check	
Full Name of Contributor		Registration Number, if PAC	
Jon Handler			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
571 S. High Street	S.M.D.H.L.S Bonding Co. L	0	3 1 0 1 1 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	OH 43215	Check	
Full Name of Contributor		Registration Number, if PAC	
Derek Debrosse			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1161 Bethel Road	The Law Office of Derek A.	0	3 1 0 1 1 35.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	OH 43220	Check	
Full Name of Contributor		Registration Number, if PAC	
Gerald T. Sunbury			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
111 W. Rich Street		0	3 1 0 1 1 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	OH 43215	Check	
Full Name of Contributor		Registration Number, if PAC	
E. Scott Shaw			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
500 S. Front Street		0	3 1 0 1 1 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	OH 43215	Check	
Full Name of Contributor		Registration Number, if PAC	
Ryan L. Thomas			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
536 S. High	Tyack, Blackmore & Liston	0	3 1 0 1 1 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	OH 43215	Check	
Full Name of Contributor		Registration Number, if PAC	
Bob Krapenc			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
601 S. High		0	3 1 0 1 1 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	Oh 43215	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

Total expenditures this event

Page Total \$ 635.00