

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 Priscilla Roberge				Registration Number, if PAC	
Street Address 372 Cumberland Dr	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Timothy M Mahler				Registration Number, if PAC	
Street Address 341 Whetstone Dr E	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Roth Law Group LLC				Registration Number, if PAC	
Street Address 24 N High St, Ste 301	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Abraham Law Offices				Registration Number, if PAC	
Street Address 24 N High St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Falleur				Registration Number, if PAC	
Street Address 1625 Bethel Rd, Ste 205	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Luftman, Heck and Associates LLP				Registration Number, if PAC	
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Curry Roby & Mulvey Co LLC				Registration Number, if PAC	
Street Address 30 Northwoods Blvd, Ste 300	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00

* 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

Total expenditures this event

Page Total \$ 650.00