

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 David C Stebbins				Registration Number, if PAC	
Street Address 544 Piedmont 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 Lamkin, Van Eman, Trimble & Dougherty LLC				Registration Number, if PAC	
Street Address 500 S Front St, Ste 200	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Umberto A Debeneditto Jr				Registration Number, if PAC	
Street Address 2176 Victoria Park Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Roger M Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd	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 Steven A Larson				Registration Number, if PAC	
Street Address 4967 Smoketalk Ln	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Jennifer R Lockett				Registration Number, if PAC	
Street Address 5686 Havens Corner Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Dennis P Evans				Registration Number, if PAC	
Street Address 4006 Lyons Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		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

6,200.00

Total expenditures this event

0.00

Page Total \$ 950.00