

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 John V Andrews			Registration Number, if PAC	
Street Address 6108 Wynford Drive	Employer/Occupation/Labor Organization*		M D Y 07 07 11	Amount 100.00
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Clinton Ventures, LLC			Registration Number, if PAC	
Street Address 5308 River Forest Road	Employer/Occupation/Labor Organization*		M D Y 07 07 11	Amount 300.00
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Bodnar			Registration Number, if PAC	
Street Address PO Box 451160	Employer/Occupation/Labor Organization*		M D Y 07 07 11	Amount 100.00
City Westlake	State OH	Zip Code 44145	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Kennedy			Registration Number, if PAC	
Street Address 7520 Maynooth Dr	Employer/Occupation/Labor Organization*		M D Y 07 07 11	Amount 100.00
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul F. Desantis			Registration Number, if PAC	
Street Address 5763 Banavie Court	Employer/Occupation/Labor Organization*		M D Y 07 07 11	Amount 100.00
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

700.00

Total expenditures this event

349.06

Page Total \$ 700.00