

Event Date 10-5-11

Page 1

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>David Young For Judge Committee</b>					
Full Name of Contributor <b>Theresa Edwards</b>				Registration Number, if PAC	
Street Address <b>PO Box 126</b>		Employer/Occupation/Labor Organization* <b>Subpoena Services LLC</b>		M <b>1</b>	D <b>0</b>
City <b>Galloway</b>		State <b>Oh</b>	Zip Code <b>43119</b>	Y <b>5</b>	Amount <b>300.00</b>
				Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Judith Drum</b>				Registration Number, if PAC	
Street Address <b>4156 Georgisville-Wrightsville</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>5</b>	Amount <b>50.00</b>
				Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Tina Blount</b>				Registration Number, if PAC	
Street Address <b>3200 Guffey Drive</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>Oh</b>	Zip Code <b>43123</b>	Y <b>5</b>	Amount <b>20.00</b>
				Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Christy Crenshaw</b>				Registration Number, if PAC	
Street Address <b>2063 Summer Banks Drive</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>5</b>	Amount <b>25.00</b>
				Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Vicky L. McVay</b>				Registration Number, if PAC	
Street Address <b>825 Binne Blvd.</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	Y <b>5</b>	Amount <b>50.00</b>
				Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>3 Cash Contributions \$25 or less</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City		State <b> </b>	Zip Code	Y <b>5</b>	Amount <b>60.00</b>
				Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M <b> </b>	D <b> </b>
City		State <b> </b>	Zip Code	Y <b> </b>	Amount
				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

505.00

Total expenditures this event

Page Total \$ 505.00