

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 Timothy Van Eman				Registration Number, if PAC	
Street Address 500 S Front St, Ste 200	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas P Sexton				Registration Number, if PAC	
Street Address 580 S High St	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Timothy J Ryan				Registration Number, if PAC	
Street Address 1343 Forsythe Ave	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Scott & Nemann Co LPA				Registration Number, if PAC	
Street Address 35 E Livingston Ave	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 300.00
Full Name of Contributor 1 Cash Contribution \$25 or less				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City	State 	Zip Code	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Perry Griffith				Registration Number, if PAC	
Street Address 1155 Oregon Ave	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State O H	Zip Code 43218	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Sherry Eastman				Registration Number, if PAC	
Street Address 9145 Strowser Rd	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Orient	State O H	Zip Code 43146	Form(Cash,Check,etc) Cash		Amount 50.00

* 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 \$ 875.00