

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 Michael Sheline				Registration Number, if PAC			
Street Address 912 Bernard Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	4	211	100.00
City		Zip Code		Form(Cash,Check,etc)			
Columbus		43221		Check			
Full Name of Contributor Michael Shawn Dingus				Registration Number, if PAC			
Street Address 213 Powhatan Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	4	211	50.00
City		Zip Code		Form(Cash,Check,etc)			
Columbus		43204		Check			
Full Name of Contributor Bernadette H. Laughlin				Registration Number, if PAC			
Street Address 7026 Brafferton Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	4	211	50.00
City		Zip Code		Form(Cash,Check,etc)			
Columbus		43235		Check			
Full Name of Contributor Debi Wenig				Registration Number, if PAC			
Street Address 3057 Melva Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	4	211	100.00
City		Zip Code		Form(Cash,Check,etc)			
Columbus		43224		Check			
Full Name of Contributor Donation of \$25.00 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	211	10.00
City		Zip Code		Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Curtis Davis				Registration Number, if PAC			
Street Address 1644 Bryden Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	4	211	100.00
City		Zip Code		Form(Cash,Check,etc)			
Columbus		43205		Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		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

Total expenditures this event

Page Total \$ 410.00