

## 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>Michael Sheline</b>				Registration Number, if PAC	
Street Address <b>912 Bernard Rd</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   1   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Michael Shawn Dingus</b>				Registration Number, if PAC	
Street Address <b>213 Powhatan Ave</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   1   1   1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43204</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bernadette H. Laughlin</b>				Registration Number, if PAC	
Street Address <b>7026 Brafferton Place</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   1   1   1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Debi Wenig</b>				Registration Number, if PAC	
Street Address <b>3057 Melva Ave</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   1   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43224</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Donation of \$25.00 or less</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   1   1   1</b>	Amount <b>10.00</b>
City	State <b> </b>	Zip Code		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Curtis Davis</b>				Registration Number, if PAC	
Street Address <b>1644 Bryden Rd</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   4   2   1   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y <b>     </b>	Amount
City	State <b> </b>	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