

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 Probst				Registration Number, if PAC	
Street Address 85 E Gay St, Ste 608	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor James D Abrams				Registration Number, if PAC	
Street Address 380 Woodgate Ln	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mark A Hummer				Registration Number, if PAC	
Street Address 1795 Edgemont Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William J Wahoff				Registration Number, if PAC	
Street Address 250 E Broad St, Ste 900	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mango Law LLC				Registration Number, if PAC	
Street Address 5649 Van Wert Dr	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John M Alton Co LPA				Registration Number, if PAC	
Street Address 681 S Front St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Todd W Barstow				Registration Number, if PAC	
Street Address 616 Monticello Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Pataskala	State OH	Zip Code 43062	Form(Cash,Check,etc) Check		Amount 125.00

* 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

1,975.00

Total expenditures this event

0.00

Page Total \$ 725.00