

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 Javier H Armengau				Registration Number, if PAC	
Street Address 857 S High St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43206	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael King Fultz				Registration Number, if PAC	
Street Address 452 S Otterbein Ave	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Westerville	State O	Zip Code 43081	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Luper Neidenthal & Logan LPA				Registration Number, if PAC	
Street Address 50 W Broad St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor The Owens Firm, LLC				Registration Number, if PAC	
Street Address 5354 N High St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43214	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Subpeona Service Plus LLC				Registration Number, if PAC	
Street Address PO Box 126	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Galloway	State O	Zip Code 43119	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Crabbe Brown & James				Registration Number, if PAC	
Street Address 500 S Front St, Ste 1200	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43215	Amount 500.00	Form(Cash,Check,etc) Check	
Full Name of Contributor William A Settina Co LPA				Registration Number, if PAC	
Street Address 729 S Third St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43206	Amount 500.00	Form(Cash,Check,etc) Check	

* 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 \$ 2,250.00