

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 Tamra L Potts				Registration Number, if PAC	
Street Address 6314 Edgecreek Ln	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43231	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor David P Rieser				Registration Number, if PAC	
Street Address 2 Miranova Pl, Ste 710	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Alyson C Tanenbaum				Registration Number, if PAC	
Street Address 5598 Picayune St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor David B Pariser				Registration Number, if PAC	
Street Address 2557 Bexlev Park Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Bexlev	State OH	Zip Code 43209	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Lawrence A Riehl LLC				Registration Number, if PAC	
Street Address 500 S Front St, Ste 200	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Halabi Law LLC				Registration Number, if PAC	
Street Address 88 W Main St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Mango Law LLC				Registration Number, if PAC	
Street Address 5649 Van Werst Dr	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Hilliard	State OH	Zip Code 43026	Form(Cash, Check, etc) Check		Amount 150.00

* 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 \$ 1,000.00